

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

KARL L. SCHAUPP, M. D.....President
 LOWELL S. GOIN, M. D.....President-Elect
 E. VINCENT ASKEY, M. D.....Speaker
 PHILIP K. GILMAN, M. D.....Council Chairman
 GEORGE H. KRESS, M. D...Secretary-Treasurer and Editor
 JOHN HUNTON.....Executive Secretary

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 Fred D. Heegler, Napa
 Albert J. Scholl, Los Angeles
 George W. Walker, Fresno

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 H. J. Templeton, Oakland

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 George W. Pierce, San Francisco

Neuropsychiatry:

Olga Bridgman, San Francisco
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Pharmacology:

W. C. Cutting, Menlo Park
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OFFICIAL NOTICES

COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION

Minutes of the Three Hundred Thirteenth (313th) Meeting of the Council of the California Medical Association*

The meeting was called to order in conference room 8 of the Biltmore Hotel, in Los Angeles, at 10 a. m. on Sunday, October 10, 1943.

1. Roll Call:

Councilors present: Philip K. Gilman, Chairman; Karl L. Schaupp, Lowell S. Goin, William R. Molony, Sr., E. Vincent Askey, E. Earl Moody, Edwin L. Bruck, Sam J. McClendon, Edward B. Dewey, Calvert L. Emmons, Donald Cass, Harry E. Henderson, Axel E. Anderson, R. Stanley Kneeshaw, John W. Cline, Lloyd E. Kindall, Frank A. MacDonald, John W. Green, and Secretary George H. Kress.

Councilor absent: Dewey R. Powell.

Present by invitation: L. A. Alesen, Vice-Speaker; Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; Harold A. Fletcher, and Edward M. Palette, California Chairmen on Procurement and Assignment for Physicians; A. E. Larsen, Secretary of California Physicians' Service; Clifford W. Mack, President of California Hospital Association; B. O. Raulston, Dean of University of Southern California School of Medicine; Eugene F. Hoffman, Assistant Medical Director, California Physicians' Service; Mr. John Hunton, Executive Secretary; Mr. Hartley F. Peart, Legal Counsel; Mr. Howard Hassard, Associate Legal Counsel; Mr. Ben Read, Secretary of California Public Health League; Wilton L. Halverson, Executive Officer of California State Board of Public Health; and Mr. Clifford Walker, Hospital Service of Southern California.

2. Minutes:

Minutes of the following meeting of the Council were submitted and approved:

(a) San Francisco meeting (312th) held on August 22, 1943. (Abstract printed in CALIFORNIA AND WESTERN MEDICINE, September, 1943, pages 170-173.)

3. Membership:

(a) A report of membership as of October 9, 1943, was submitted and placed on file.

(b) On motion duly made and seconded, it was voted that twenty members whose dues had been paid since the last Council meeting, held on August 22, 1943, were reinstated.

(c) Upon motion duly made and seconded, retired membership was granted to the following members, whose applications had been received in duly accredited form from their respective county societies: William T. Rothwell, Los Angeles County; Ernest Dwight Chipman, San Francisco County.

4. Financial:

(a) A report of finances as of October 9, 1943, was submitted and placed on file.

* Reports referred to in minutes are on file in the headquarters office of the Association. Minutes as here printed have been abstracted.

† For complete roster of officers, see advertising pages 2, 4, and 6.

(b) Report was made concerning income and expenditures for September and for nine months, as of September 30, 1943.

(c) A balance sheet as of September 30, 1943, was submitted.

Upon motion duly made and seconded, the above reports were received and placed on file.

5. Public Relations Survey:

A report of the Special Committee on Study of Public Relations (Doctors Askey, Cline, and MacDonald) was made by its chairman, E. Vincent Askey. Doctor Askey informed the Council concerning conferences with representatives of a nationally known firm whose members specialize as public relations advisors and councilors.

Mr. Jack Little, a representative of the public councilors firm of Foote, Cone and Belding, successors to the well-known Lord and Thomas group, then addressed the Council, outlining a skeleton plan of procedure that would be put into operation if the group he represented should be called upon to do the work. The survey would be presumably carried through in the name of the California Institute of Public Opinion, it being estimated that at least 5,000 personal interviews would be necessary in order to acquire a good cross section of California lay public opinion concerning the medical profession of the State and its own and public health work. This initial or preliminary survey would be made on a cost basis.

It was emphasized that it was desirable that, if such a plan was to be put into operation, time was somewhat of the essence and the planning should begin at an early date.

Discussion was participated in by Doctors Cline, MacDonald, Molony, Dewey, and other councilors.

Dr. Clifford Mack, President of the Association of California Hospitals, was invited to speak and stated he felt sure the hospital groups would be in full accord and hoped that it would be possible for the State Medical Association and the State Hospital group to work together in close interest.

Further discussion was participated in by Mr. Clifford Walker of the Hospital Service of Southern California, Dr. Dwight Murray of the California Medical Association Committee on Public Policy and Legislation, and others.

Doctor Molony mentioned a somewhat similar survey which had been undertaken by the National Physicians' Committee.

Upon motion by Cass, seconded by Goin, it was voted that the firm of Foote, Cone and Belding be employed to make the proposed survey. Dr. Axel Anderson requested that his vote be recorded as opposed.

Mention was made of the fact that other public relations groups had been consulted, but that in this particular work it was believed the firm selected was in the best position to carry through. (Note: For editorial comment, see p. 255.)

6. California Physicians' Service and Hospitalization Organization Liaison Activities:

The Special Liaison Committee, consisting of Doctors Cline, MacDonald, and Dewey, submitted a report through its chairman, Doctor Cline.

Full discussion followed: Councilor MacDonald was reluctant to accept some of the changes that were a variation from the recommendations in the Mannix report. President Schaupp and others commented on special phases of the work. (Note: For editorial comment, see p. 253.)

The report, in its final form, follows:

CALIFORNIA PHYSICIANS' ACTIVITIES WITH REFERENCE TO COMBINATION WITH THE HOSPITALIZATION GROUPS

Part I—Initial Statement

A Council Committee, consisting of Doctors Frank MacDonald, Edward Dewey, and John W. Cline, appointed by

Chairman Gilman, was limited in the scope of its investigation to consideration of the best means of accomplishment of the union between California Physicians' Service and a state-wide hospitalization company which is to be formed. This union is to be accomplished in the general lines of the Mannix report which has already been approved with modifications by the Council of the California Medical Association. Mr. Mannix has accepted such modifications and incorporated them as his own.

The recommendations of the Mannix report are ten in number:

1. The first recommendation concerns only the Hospital Service Plan.

2. We feel that recommendation No. 2 should be accepted by California Physicians' Service with one modification. It seems increasingly probable that the executive chosen by the Executive Committee would be a layman. It, therefore, would seem wise to have a medical director who would deal with purely professional matters, serving in an independent position and directly responsible to the Board of Directors of California Physicians' Service by way of the medical members of the Executive Committee. Otherwise, the second recommendation should be fulfilled by California Physicians' Service in its entirety.

3. The third recommendation, we believe, should be followed by California Physicians' Service in its entirety. This would result in reduction of overhead and greater efficiency of operation.

4. The fourth recommendation, which segregates professional services from the nonprofessional services, usually performed by hospitals should be carried out, and California Physicians' Service should issue a separate contract covering x-ray, medical anesthesia, and pathological laboratory services.

5. The fifth recommendation, which urges a detailed actuarial study of the plans now existent, is desirable and should be carried out if sufficient experience is available to warrant sound actuarial conclusions. It would be foolish to undertake an actuarial study unless the data be sufficient to warrant reliable conclusions. This is a matter which must be determined by actuaries themselves.

6. The sixth recommendation applies to the Hospital Plan directly, but also has an indirect effect upon the economic structure of California Physicians' Service. It is hoped that the hospitals and the Hospital Plan will co-operate in this matter.

7. The seventh recommendation, suggesting the expansion of California Physicians' Service and the new Hospital Plan to the States of Arizona and Nevada, has merit. It is desirable to have the activities of a voluntary prepayment medical plan in these states, but California Physicians' Service should not expand into such areas without agreement by the medical profession of these two states.

8. The eighth recommendation urges that all physicians agreeing to practice under the plan, and all hospitals agreeing to furnish service under the plan should contract to do so for a period of one year. It seems undesirable to limit the duration to one year, and we would suggest that such agreement continue indefinitely unless canceled after a minimum period of one year.

9. The ninth recommendation includes advisable methods of enlisting support of the public and giving the public a voice in the conduct of the affairs of both the hospitalization and medical plan. This seems highly desirable.

10. The tenth recommendation is likewise in the line of public relations and should be carried out.

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Part II—Comment and Recommendations

The above recommendations are all based upon the assumption that a union between the consolidated single state-wide Hospital Plan and California Physicians' Service be

accomplished. California Physicians' Service should make every effort to meet with and assist in the development of plans for the consummation of this object. We believe that it is inadvisable for California Physicians' Service to remain aloof until the Hospital Plan has been unified. California Physicians' Service should at once signify its intention of uniting with the unified Hospital Plan and should coöperate in every way to facilitate the merger of the three now existing plans.

It must be realized that the projected plan will not be immediately accomplished and that the three hospitalization organizations and California Physicians' Service have responsibilities which they have contracted to discharge. It will be necessary for all these to protect themselves and their subscriber members under the terms of their organizations and contracts.

It is our opinion that the coöperative venture will succeed only if designed for mutual advantage. It cannot be expected that the combined organization contemplated can continue operation if there is an effort on the part of California Physicians' Service or the Hospitalization Plan to take advantage of the other. In order to insure equity in the details of the organization, and with particular reference to financial allotment, it is suggested that a group of three public-spirited and fair-minded individuals, who have no direct interest in either organization and no preëxisting prejudices, should be chosen by the usual means of setting up arbitrating commissions. We further believe that California Physicians' Service and the Hospital Service Plan should make every effort to establish the joint organization by coöperation, conference, and negotiation. They should mutually bind themselves to submit to and abide by the decisions of the arbitration committee upon any matter in which agreement cannot be reached. We believe that in this way an impartial and unprejudiced arrangement can be made to protect the interests of all concerned.

In accomplishing the unification of the three hospitalization groups in California (Hospital Service of California, Hospital Service of Southern California, and Intercoast Hospitalization Insurance Association) and California Physicians' Service, it will be necessary for each organization to make extensive changes in by-laws and articles of incorporation.

It is suggested that in this process, California Physicians' Service should eliminate the present cumbersome method of choice of trustees and substitute therefor a plan of election which would create a board which would be more immediately responsive to the wishes of the professional members than is possible under the present plan. To this end the State should be districted and each geographical district should be represented. Representation should be in proportion to the number of professional members in each district, and reapportionment should be made at intervals of about three years. The method of election should be given careful thought, and consideration should be given to the desirability of choice of trustees of California Physicians' Service by the House of Delegates of the California Medical Association, the component county societies, or the Council of the California Medical Association. Under any plan, direct Council representation should be provided. To this end a specified number of trustees should probably be chosen by and from the Council of the California Medical Association..

Of recent date it has become increasingly evident that it would not be possible to accomplish the unification of the hospitalization plans and the amalgamation of a state-wide plan with California Physicians' Service by voluntary effort alone. Due to the pressure of the practice of physicians and the occupation of hospital executives with difficulties of administration, it appears that the project will fail unless other means are adopted.

It is, therefore, recommended:

1. That a ten-member committee be appointed consisting of:

(a) Three members of the California Medical Association Council, namely, the President, President-Elect, and Chairman of the Council;

(b) The President of the Association of California Hospitals and two members of the Board of Trustees designated by him;

(c) One representative appointed by and from the Boards of Directors of each of the hospitalization organizations, *i. e.*, Hospital Service of California, Intercoast, and Hospital Service of Southern California;

(d) One representative appointed by and from the Board of Trustees of California Physicians' Service.

2. That this Committee be empowered to employ a full-time executive secretary to work out the details of organization and do the actual work involved under the direction of the Committee, which should determine the policies to be followed in effecting the organization.

It is suggested that such an individual should be employed to accomplish the actual organization and that no offer of permanent employment be made until the work has been completed, but that in choosing the man to accomplish the groundwork, the Committee should bear in mind that, if satisfactory to all concerned, he might be the logical person to become the executive secretary of the combined organization.

It would seem preferable to choose a man from outside the State of California because of freedom from local prejudice.

Beyond these suggestions there is no intention of the California Medical Association Council to influence the choice of or the exact duties of such an organizer.

3. That the Council of the California Medical Association appropriate funds necessary to employ such a full-time executive secretary and establish an office in which he could work for a period of not less than three nor more than twelve months.

Respectfully submitted,

SPECIAL LIAISON COMMITTEE OF C. M. A.
COUNCIL

By Dr. John W. Cline, Chairman
Dr. Frank A. MacDonald
Dr. Edward B. Dewey

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Upon motion by Goin, seconded by Green, it was voted that the report of the Special Committee be received and its recommendations be accepted.

Upon motion by Cline, duly made and seconded, it was voted that the Council appropriate \$1,500 a month for a period of three months to finance the organization work of unification of the hospitalization plans and California Physicians' Service; the Executive Committee of the California Medical Association to have the authority to extend the appropriation for a longer period if necessary, and to appropriate additional funds in any month to meet unforeseen expenses.

7. California Bureau of Vocational Rehabilitation:

The courtesy of the floor was granted to Mr. H. D. Hicker, Chief of the Bureau of Vocational Rehabilitation of the California State Department of Education. Mr. Hicker stated that the State Bureau was anxious to have the coöperation of the medical profession in its rehabilitation work among crippled citizens.

After discussion, upon motion duly made and seconded, it was voted that the Chairman of the Council be authorized to appoint a Special Advisory Committee of five members to the California Bureau of Vocational Rehabilitation. Committee consists of Drs. J. B. Harris, Sacramento, Chairman; E. Vincent Askey, Los Angeles; Gertrude

Moore, Oakland; John W. Cline, San Francisco; and L. C. Kinney, San Diego.

8. Federal Children's Bureau Maternity and Pediatric Plan:

The Federal Children's Bureau plan to provide maternity and pediatric service to the wives and infants of enlisted men, which had been discussed in previous Council meetings, was brought up for discussion. (References to former actions thereon: (a) 311th Council meeting of June 19, 1943, Item 7, pages 72-73, July issue of Calif. & West. Med.; (b) page 83, July Calif. & West. Med., letter sent to component county societies by Council Chairman Gilman; (c) 312th Council meeting, Item 5(a) page 171, September Calif. & West. Med.)

Resolutions of component county societies concerning the maternity and pediatric program of the Federal Children's Bureau (Sacramento, Yolo, Contra Costa, Solano, and Santa Clara counties) were submitted.

Wilton L. Halverson, Executive Officer of the California State Board of Public Health, was asked to discuss the subject of maternity and pediatric work in relation to the Federal Children's Bureau program.

Doctor Halverson stated that the Federal Children's Bureau had placed the responsibility of administration of its program upon the California State Board of Public Health, but that the Board of Health had been obliged to use its own funds for clerical and other services incident to carrying through the program.

In thirty-eight counties of California the program was in operation, and 150 hospitals had expressed willingness to participate, and of that number about three-fifths had submitted the necessary auditing statements concerning their maintenance costs, the same to be sent forward to Washington, D. C.

Doctor Halverson outlined the grants-in-aid which had been made, and stated that in October it was estimated that 3,000 obstetrical cases would be submitted in California, with an estimated appropriation need of \$339,000. It was possible that there might be 30,000 obstetrical cases coming under this program during the year. If so, a three-million-dollar grant-in-aid would be needed to finance the service in California, the average cost thus far being \$113; this being about \$28, or 34 per cent above the average of cost procedures in other portions of the United States.

This allocation of medical care responsibility had been thrust upon the California State Board of Public Health, which primarily is interested in preventive medicine and not in medical care procedures. The responsibility had been accepted because of its emergency nature.

Doctor Halverson stated that the literature put out by the California State Board of Public Health calls attention to the fact that it is possible to carry on this work only because the members of the medical profession are themselves making generous donations in service, and that the financial compensation of the Federal Children's Bureau does not cover the costs for the professional services rendered.

The Council did not change its action previously taken wherein the decision concerning participation in the Federal Children's Bureau plan was left to individual members of the State Association. In regard thereto, the situation is as follows:

1. The California Medical Association has expressed approval of the objective to provide adequate maternal-pediatric care to the wives and infants of enlisted men;

2. The Council of the California Medical Association has *not* given approval to the regulations of the Federal Children's Bureau whereby the payments *must* be made to the attending physician;

3. Members of the California Medical Association are free agents in this work; each physician to decide for him-

self under what conditions he is willing to give the indicated professional services.

Since the physician has the privilege of deciding for himself whether he will or will not participate in the plan outlined by the Federal Children's Bureau, the following additional information is given:

- (a) A physician is at liberty to sign Part II of the prospective mother's application (which she obtains from a local board of health, the same being a State Board of Health form), but in so doing, the physician obligates himself to give the professional services stipulated for the money consideration also outlined. Further, the physician agrees that he will not accept additional compensation for the said services from the patient or patient's family. Provided, that services rendered prior to the day the prospective mother signed the application, or for services not stipulated in the prenatal, confinement and postpartum agreement, may be charged against the patient. (It is important that the physician read the agreement and inform himself concerning the services he will be called on to render before he signs a prospective mother's application.)

- (b) Members of the California Medical Association are also free to determine for themselves whether they will accept such patients as private patients, under agreements mutually agreeable between patient and physician; but in such cases the physician must refrain from signing the agreement which the health boards give to prospective mothers who make request therefor.

However, if this latter course of a personal arrangement is followed, it is important to remember that the prospective mother will not be entitled to hospitalization or other benefits included in the Federal Children's Bureau program.

9. Industrial Accident Commission — Industrial Fee Schedule:

Legal Counsel Peart made an oral report concerning conferences with representatives of the California State Industrial Accident Commission. He stated that the petition of the California Medical Association in which request is made for a revision of the fee schedules pertaining to professional services rendered by physicians is still under consideration. He stated that many factors enter into the problem. Because of changes in the State Board, it is somewhat difficult to secure a prompt decision in the matter.

10. Osteopathy in California:

Report concerning conferences with representatives of the Los Angeles College of Osteopathy was made by Councilor Goin. Council Chairman Gilman reported on the conference of September 30 which was had with the deans of the four Class A medical schools of California.

Dean B. O. Raulston of the University of Southern California School of Medicine reported on conferences with Los Angeles representatives and discussed also the rules of the Council on Medical Education of the American Medical Association and of the Association of American Medical Colleges, since it would be necessary to secure from these groups, approvals of proposed plans.

Report was made upon the informal suggestions made by the committees and representatives of the Los Angeles College of Osteopathy, the Osteopathic Association, and of the Alumni groups of the College.

Upon motion by Goin, seconded by Kneeshaw, it was voted that, if the California Osteopathic Association appoints a committee to take up the matters that have been the subject of discussions, the Chairman of the Council of the California Medical Association shall be authorized to appoint a similar committee to meet with the osteopathic committee in conference, for the purpose of discussing ways and means whereby further progress may be made in these matters.

Doctor Moody thought that time was of the essence in these matters, and submitted a motion, duly seconded, as follows:

Resolved, That the California Medical Association advocates union of the medical and osteopathic professions and that conferences toward that end be instituted, and that mutual steps be taken by the California Medical Association and the California Osteopathic Association to contact constituted authorities having relation to these matters in order that such union may be brought into being.

It was agreed that the committee previously appointed, consisting of Doctors Cline, Dewey, and Mr. Peart, be authorized to put the phraseology of the above resolution into proper form.

11. Procurement and Assignment:

Edward M. Palette of Los Angeles was invited to address the Council concerning Procurement and Assignment Service activities. Doctor Palette outlined the problems which had confronted Dr. Harold A. Fletcher and himself and stated that in his own group of fourteen southern counties a survey of civilian physicians had been made and that only in a few instances did conditions exist whereby the health of citizens in certain communities was in danger. He stated that every effort was being made to make available for the military forces physicians whose services in civilian practice could be spared.

12. Housing Projects in War Industry Areas:

A. E. Larsen, Secretary of California Physicians' Service, was invited to address the Council and outline the situations now existing in the Housing Project areas in San Diego, Alameda, and other counties.

Doctor Larsen informed the Council concerning a recent visit to Washington, D. C., and of other steps that had been taken.

It was stated that California Physicians' Service, which had been providing medical care in certain housing areas, had notified the Federal and local Housing Authorities that its contract to give such service would be terminated as of September 30, 1943.

In Washington the Federal Authorities made an emergency agreement for a sixty-day period under which California Physicians' Service would continue to give professional care; the new contract, however, exempting California Physicians' Service from certain types of medical service, such as obstetrics and certain surgical work. The arrangement was referred to as "Plan A."

The relative number of tenants who had signed for the California Physicians' Service in the different areas was brought out and the complications which had arisen in connection with physicians in private practice who were called upon to give medical care in the housing areas, and likewise in relation to county society actions, were discussed.

Doctor Larsen stated that the commercial program of California Physicians' Service was going forward in good fashion; that the rural aid program had bright prospects, but that in the war industry areas, such as exist in the Housing Projects, it was not possible to forecast the future situations which may arise.

Councilor McClendon spoke at some length concerning the San Diego situation and the complications which had arisen in relation to California Physicians' Service and the general attitude of the local Housing Authorities in that area, which seemed to be not favorable to physicians in private practice. He stated he regretted to inform the Council that California Physicians' Service was not in much favor with the medical profession in San Diego County.

Councilor Green recounted the history of California Physicians' Service activities in the Vallejo area of Solano

County and spoke of the conferences which had been held and the communications which had been received from the Housing Authorities.

Doctor Green stated, in criticism of California Physicians' Service, that it had failed to keep the county society informed when changes of considerable moment were made and that this had led to misunderstandings. Reference was made to the original agreement between the Solano County Medical Society and California Physicians' Service at a meeting of the California Medical Association Executive Committee held in Vallejo on September 8, 1942. (Reference in CALIFORNIA AND WESTERN MEDICINE for October, 1942, on page 248.)

13. Committee on Public Policy and Legislation:

Dwight H. Murray, Chairman of the Committee on Public Policy and Legislation, discussed the Wagner-Murray-Dingell bill (S. 1161; H. R. 2861). General discussion followed.

The suggestion was made that if the representatives of the Committees on Public Policy and Legislation of the constituent state associations of the eleven Pacific States could hold a conference it might be of real value in securing organized and harmonious coöperation from Congressmen of these eleven commonwealths.

Doctor Murray also stated that Mr. Ben Read, Secretary of the California Public Health League, was planning a visit to Washington, D. C., to get first-hand information concerning certain public health and medical practice measures, and that in due course reports would be submitted to the Council.

Upon motion by Schaupp, duly seconded, it was voted that the California Medical Association Council give its approval to the plan of having Mr. Read go to Washington.

14. Resolution on National and State Policy Administration with Report to California Medical Association House of Delegates:

Councilor Bruck introduced the following resolution:

Resolution

WHEREAS, The medical profession in America finds itself facing the most critical period in its existence; and

WHEREAS, The failure of maintenance of proper contact groups at the national capital, and the substitution therefor of feeble personal effort, has been a contributing cause to the conditions in which the medical profession finds itself; and

WHEREAS, Because of lack of understanding of basic issues and problems by certain officers of the American Medical Association, public opinion is ever turning against organized medicine; and

WHEREAS, These changes in public opinion allow various and certain pressure groups to advance their own selfish causes; and

WHEREAS, The political adherents of socialized medicine have seized upon the rising tide of public criticism against organized medicine in an effort to accomplish their own desires; and

WHEREAS, The unnecessary continuous defensive position of the officers of the American Medical Association makes it impossible for them to take leadership in bringing about proper general understanding of the real public needs with respect to medical care and progress; and

WHEREAS, The officers of the American Medical Association should long ago have taken a more constructive and aggressive lead in the study and organization of properly-conducted, medically-controlled, prepaid medical care plans, but have not done so, and instead have found themselves placed in an increasingly bad defensive position; and

WHEREAS, It is our belief that the archaic attitude of certain of the officers of the American Medical Association

regarding future conduct of medical practice and care of the public health is born of lack of foresight, or of an overestimate of their ability to fend off any deviation from past practices; and

WHEREAS, All of the foregoing has a great influence on the part that medicine must play in postwar planning in order that control of health and medical care be placed in the hands of the experts, in this case, namely, doctors of medicine; now, therefore, be it

Resolved, By the Council of the California Medical Association that there shall be placed before the next House of Delegates of the California Medical Association a request that this Association's delegates to the American Medical Association House of Delegates urge the following action by that House of Delegates:

1. The replacement of certain of the officers of the American Medical Association, to include the secretary and the editor of the Journal;

2. That a contract for suitable and proper survey of public opinion regarding its attitude toward organized medicine, medical care and proposed medical legislation be undertaken;

3. That an analysis of such information obtained by a qualified corps of experts outside of the American Medical Association be made;

4. That the information and instruction received through such surveys and analyses be properly used and not discarded (in order to attempt to mould public opinion into proper form);

5. That a suitable contact organization be set up at the national capital to try to regain that confidence of the legislators which the medical profession has enjoyed in the past; and be it further

Resolved, That a copy of this resolution be sent all other delegates to the American Medical Association before the next session of the House of Delegates of the American Medical Association, with a plea to further the above actions in the House of Delegates of the American Medical Association.

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Upon motion by Bruck, seconded by Cass, it was unanimously voted that the resolution be accepted and approved in substance, but that Councilors Bruck, Kneeshaw, and Legal Counsel Peart be authorized to make such changes in phraseology as may be deemed desirable.

15. Agricultural Workers' Health and Medical Association:

President Schaupp, who has been a member of the Board of Directors of the nonprofit, semi-governmental corporation known as the "Agricultural Workers' Health and Medical Association" since the work of providing medical care for migratory agricultural workers was instituted some years ago, addressed the Council and called attention to Section 3 of Public Law 45 (78th Congress, Chapter 82, First Session, H. J. Resolution 96).

He stated that the existing language of Section 3 (a) (2) which now reads "furnishing by loans or otherwise, of health and medical and burial services, training, subsistence, allowances, protection, and shelter for such workers and their families" should be supplemented with the following additional language "provided further that funds available to the Administrator may be used for providing health and medical services to other migratory workers and their families who have entered the area without recruitment or assistance of any government agency and have engaged in agricultural work and to whom adequate health and medical services are not otherwise available in the area where they are working." So that in entirety the new wording will read as follows:

Section 3 (a) (2) furnishing, by loans or otherwise, of health and medical and burial services, training, subsist-

ence, allowances, protection, and shelter for such workers and their families; *provided further that funds available to the Administrator may be used for providing health and medical services to other migratory workers and their families who have entered the area without recruitment or assistance of any government agency and have engaged in agricultural work and to whom adequate health and medical services are not otherwise available in the area where they are working.*

Doctor Schaupp stated further that the present wording of the Act is so restrictive that it excludes from medical care all agricultural workers who do not receive their employment as a result of some activity of some of the government agencies financed by Public Law 45. This means that our own American agricultural workers who have sufficient initiative and ingenuity to develop employment resources of their own are denied medical assistance.

Upon motion duly made and seconded, it was voted that a communication, calling attention to the desirability of an amendment to Public Law 45, be sent in the name of the Council of the California Medical Association to the California Congressmen, requesting their support of the proposed amendment. (For editorial comment see p. 256.)

16. Resolution Concerning Plan for Medical and Hospital Care of Citizens in Low Income Bracket Groups:

Councilor Kneeshaw brought to the attention of the Council the need of the medical profession to develop a positive program for medical and hospital care of citizens in the low income bracket groups. This was particularly indicated because of the militant activities of proponents of plans of socialized medicine and allied interests.

Upon motion by Kneeshaw, seconded by Bruck, it was voted that a committee be appointed by the Council Chairman to study and develop plans for medical and/or hospital care of citizens in low income bracket groups, the Committee to submit such plan or plans in a report for consideration by the California Medical Association Council; it being understood that the Council would submit a supplementary report with its recommendations to the House of Delegates of the California Medical Association in which the delegates of the California Medical Association to the House of Delegates of the American Medical Association would be instructed to submit a proper resolution in regard to the principles involved to the House of Delegates of the American Medical Association in the hope that the national body representing organized medicine would, in turn, formulate a constructive plan in which harmonious programs would be outlined that could be carried through by the constituent state associations of the American Medical Association. Committee consists of R. Stanley Kneeshaw, San Jose, Chairman; Edwin L. Bruck, San Francisco; John W. Cline, San Francisco; Karl L. Schaupp, San Francisco; and William R. Molony, Sr., Los Angeles.

17. Permanente Foundation Hospitals:

Councilor Emmons called attention to conditions which had come into being in connection with the hospital erected for the care of workers in the Fontana Steel Mills of the Kaiser interests, located in San Bernardino County. The hospital was operating as one of the activities of the Permanente Foundation. (References in Council minutes to Permanente Foundation: CALIFORNIA AND WESTERN MEDICINE for December, 1942, on pages 344-345; for January, 1943, on pages 23-26.)

The complications which had arisen in connection with practice by the contract physicians operating in this hospital of the Permanente Foundation and members in private practice, and with relation to future disposition and possibilities were mentioned.

Upon motion by Kindall, seconded by Emmons, a committee consisting of Councilors Kindall, Emmons, and Bruck, was appointed to make a study and report to the Council concerning the Permanente Foundation activities with special relation to medical staff activities and affiliations.

18. Time and Place of Next Meeting:

Upon motion duly made and seconded, it was voted that the time and place of the next meeting of the Council be left to the decision of the Council Chairman.

19. Adjournment.

PHILIP K. GILMAN, M. D., *Chairman*
GEORGE H. KRESS, M. D., *Secretary*

CALIFORNIA COMMITTEE ON PARTICIPATION OF THE MEDICAL PROFESSION IN THE WAR EFFORT

Acute Shortage of Doctors Is Feared

Signs indicate that the doctor shortage will grow more acute than ever, *The Journal of the American Medical Association* said recently.

On the basis of a survey by the U. S. Public Health Service, the War Manpower Commission, the Federal Works Agency, and the procurement and assignment service, it is stated that the armed forces have commissioned only slightly more than 80 per cent of their stated needs.

In addition, 80 per cent, or about 1,500 of the annual doctor output of the medical schools will be absorbed into service.

Even if the 1,500 remained and went into civilian practice, they would replace not more than half of the 2,500 to 3,000 doctors who die every year.

Mortality Statistics in World Wars I and II

There is no such thing as a nice war, and the allied powers have given up any idea of concealing its horrors from their people, but one particular horror of past wars has been reduced to a minimum in this one. The wounded soldier has a better chance.

The miracles performed by Army and Navy doctors and laboratory scientists have been mentioned before, and Rear Admiral Ross T. McIntire, Surgeon-General of the Navy and personal physician to President Roosevelt, has given some new information concerning them.

In the last war, 7 per cent of the men wounded in action died; in this war barely more than 2 per cent. That means that a wounded man has forty-nine chances to one in his favor in his fight to recover. And "recovery" means more than just living. Admiral McIntire says that, of the compound fracture cases in the last war, 12 per cent died and almost half were permanently crippled, while in this war not more than one per cent die and only 10 per cent will be disabled.

Blood plasma, sulfa drugs, penicillin, and speedy treatment tell the story, according to Admiral McIntire. They do not end the horror of war, but they are saving the lives and health of thousands of wounded who would have died or become helpless invalids in past conflicts.

Eye Defects Cause of Many Rejections

Army rejections among 18- and 19-year-olds are caused chiefly by eye defects among white youths and education deficiencies among Negroes, according to a report made

by Colonel Leonard G. Rowntree of the Army Medical Corps Reserve; Kenneth H. McGill, and Thomas I. Edwards of Washington, D. C. It was based on record of induction centers in December, 1942, and January and February, 1943.

The report said 23.8 per cent of white youths were rejected and 45.5 per cent of the Negro youngsters.

Other than eye defects, reasons for rejection of white youths were, in order of occurrence: mental disease, muscle and bone defects, heart and blood defects, ear defects, hernia, neurological defects, educational deficiency, underweight, and mental deficiency.

The nine remaining causes for Negro rejections were: syphilis, heart and blood defects, mental disease, muscle and bone defects, hernia, eye defects, neurological defects, mental deficiency, and tuberculosis.

War Impairing Flyers' Hearing

In a speech before the national meeting of the American Academy of Ophthalmology and Otolaryngology, Dr. Walter Hughson of the Otological Research Laboratory, Abington, Pennsylvania, estimated there would be 250,000 cases of impaired hearing among service men resulting from the war.

"At the close of World War I there were an estimated 40,000 aural casualties of all degrees of hearing impairment," Doctor Hughson said.

"At the present moment there are six times as many men in the American armed forces as there were in the last war, and these scattered over the entire globe. On a purely numerical basis we may expect 250,000 aural casualties in this war. That the actual number will be much greater can hardly be questioned."

Asserting the medical treatment of deafness "is relatively unimportant and ineffective," he said it would be unlikely that any acquired war deafness will be amenable to surgery of any type other than that employed for correction of chronic infection.

"There is but one ready solution to this present and impending problem and that is the proper fitting of an adequate hearing aid," he said.

Subject: The Need for Protective Services in Time of War

Office of Civilian Defense
Washington 25, D. C.

To: Regional Medical, Nursing, Engineer, Gas and Rescue Officers.

From: Dr. George Baehr, Chief Medical Officer.

Rumors that civilian defense is no longer necessary have recently been spread by irresponsible persons. These rumors are thoughtless or calculatingly subversive, for they are not supported by Army authorities responsible for our coastal defenses nor by the present military situation.

Fortunately, the success of our armed forces overseas has saved us thus far from experiencing the horrors of enemy bombing to which the cities of our Allies are being subjected. In the opinion of the best military authorities our coastal areas and industrial centers will not be free of the danger of enemy attack from the air nor of widespread sabotage until the last day of the war.

Civilian defense is needed also as one of the essential measures for safeguarding internal security. This is especially true of the Emergency Medical Service. If we had not created a nation-wide organization for civilian defense two years ago, we would be obliged to organize one today for home security. Disasters of all kinds have increased because of the tremendous speeding up of our great industries, the overburdening of our railroads, and the inexperience of hundreds of thousands of new war workers. Our

police, our fire departments, our public works and utility services, and our hospitals, upon which we depend for protection, are being increasingly depleted of trained personnel.

We must, therefore, strengthen our voluntary protective services throughout the land. Along the Pacific and the Atlantic coasts, these services must be especially strong in volunteer personnel and equipment to guard us against the hazards of enemy attack and sabotage until that day when the Army, itself, advises us that the danger is ended.

Medical Journals—For Colleagues in Military Service

In former issues, editorial comment was made on a plan to forward medical journals to the Hospital Stations of Army, Navy, and Air Force camps now located in California.

This work is being carried on by the California Medical Association—through its Committee on Postgraduate Activities—in coöperation with the medical libraries of the University of California, Stanford, and the Los Angeles County Medical Association.

The addresses of the three libraries follow:

University of California Medical Library, The Medical Center, Third and Parnassus, San Francisco, California.

Lane Medical Library, Clay and Webster Streets, San Francisco, California.

Los Angeles County Medical Library Association, 634 South Westlake, Los Angeles, California.

If more convenient, you can send journals via "Railway Express Agency," collect, to: California Medical Association Postgraduate Committee, Room 2008, Four Fifty Sutter, San Francisco, California. Railway Express Agency addresses: In San Francisco, at 635 Folsom (EX 3100); in Los Angeles, at 357 Aliso (MU 0261). The "Railway Express Agency" will call for packages and will collect costs from the California Medical Association. The Postgraduate Committee will forward to camps.

Military Clippings.—Some news items of a military nature from the daily press follow:

Areas to Coöperate in Medical Service

Chiefs of the emergency medical service operating in connection with the Riverside County Defense Council recently decided to adopt the mutual aid plan outlined by state civilian defense officials.

Under this plan, equipment and personnel, if and when needed in any one area, will be supplied from other areas in a systematic and efficient manner.

Presiding were Roger Abbott, regional protection officer; and Dr. Charles Sebastian of Pasadena, southern sector medical officer.

Attending, in addition to Riverside County physicians, were Ralph Hughes, chairman of the Riverside County Defense Council; and Dr. Warren F. Fox, county health officer and emergency medical service coördinator.—*Riverside Enterprise*, October 1.

Army Doctors Attend Wartime Graduate Medical Meet Here

To keep doctors now in the Army informed about the latest progress in medicine, arrangements have been made to conduct wartime graduate medical meetings at some of the larger Army hospitals. Hammond General Hospital is among these.

Conducted by professors of the various medical schools, the meetings are operated by committees appointed by the American Medical Association and the American College of Surgeons.

The first of these meetings at Hammond Hospital was held last week. Approximately 150 doctors attended. These included the medical officers at Hammond, medical officers from other Army stations in California and Nevada, and members of the Stanislaus and San Joaquin County Medical Societies.

Technical lectures were given by Drs. Thomas Addis, Albert Davis and Alfred C. Reed of the Stanford University Medical School, Drs. William Kerr and H. Glenn Bell of the University of California Medical School, and Dr. Edmund Butler, chief of the San Francisco Emergency Services.—*Modesto Bee*, October 15.

Not Enough Physicians

Reports are that by the end of this year the United States will have about 53,000 doctors in military service to care for the 10,800,000 men in the Army, and that there will be 108,000 doctors left in this country to care for the nation's 120,800,000 civilians.

Since the doctors remaining in civilian practice are not distributed exactly in proportion to population, the doctor-to-population ratio in many war-congested localities exceeds the 1 to 3,000 figure regarded as needed to insure a fair standard of care.

The armed services must have proper medical attention; there will be no division of opinion about that. There is no escape from the probability that there will be an insufficient number of physicians for the civilian population until the end of the war. The question is how to make the best of an unsatisfactory situation, and one way in which all can join, is for every individual to take unusual care of his health in order to minimize the demands on the medical profession.—*Long Beach Press-Telegram*, October 10.

COMMITTEE ON POSTGRADUATE ACTIVITIES[†]

Thirteenth Annual Midwinter Postgraduate Clinical Convention in Ophthalmology and Otolaryngology January 17 to 28, Inclusive, 1944

AUSPICES OF THE RESEARCH STUDY CLUB OF
LOS ANGELES

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Western Section meeting of the Triological Society, January 22 and 23. Members of the convention are cordially invited to attend.

Special course in "Applied Anatomy and Cadaver Surgery of the Head and Neck," January 28 to February 1, inclusive.

Examination of candidates by the American Board of Otolaryngology, February 2, 3, 4, and 5.

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In certain parts of the country some well-meaning people have thought it best to discontinue scientific meetings on account of the war. The attitude of the Research Study Club is exactly the opposite. Whether the "protector" or the "protected"—and each of us is either the one or the other—total war means all of us. That side will win this war whose people are more wise, more alert, and more realistic. We are not defeated—nor do we intend to be. In this spirit, we will continue our postgraduate work throughout the duration—and after. By doing this we take our stand as a part of the great national plan to continue all wholesome activities as far as possible during this time of trouble.

This preliminary announcement gives the general outline of the courses. As soon as all final details are completed, we will issue the usual complete booklet program. Those desiring the final program will please write to The Research Study Club, 2509 West Washington Boulevard, Los Angeles.

This year New York City provides the two principal teachers—Isidore Friesner and James Watson White.

As all know, Doctor Friesner has always been an outstanding teacher. He will give the results of his rich experience through many years in the practice of Otolaryngology.

Lectures will also be given by members of the American Board of Otolaryngology, including Dr. Thomas E. Carmody, Denver; Dr. Frederick T. Hill, Waterville, Maine;

[†]Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

Dr. Dean M. Lierle, Iowa City; Dr. Carl H. McCaskey, Indianapolis; Dr. Arthur W. Proetz, St. Louis; Dr. Robert F. Ridpath, Philadelphia; Dr. Le Roy A. Schall, Boston; and Dr. John J. Shea, Memphis.

Dr. James Watson White of New York and Dr. Georgiana Dvorak Theobald of Oak Park, Illinois, will be the principal speakers on Ophthalmology. Irving B. Lueck, M. S., of Rochester, New York, whose lectures on prescription analysis have been so enthusiastically received, has been invited to participate again. Dr. Meyer Wiener will add to his already generous contributions on surgery of the eye.

At the suggestion of Doctor White, there will be made available to all who register for the Clinical Course copies of Duane's Thesis on Motor Anomalies of the Eye. Those desiring copies please enclose the sum of two dollars in addition to the registration fee.

Various other subjects pertaining to eye, ear, nose, and throat will also be given by representatives of the Medical and Technical Schools in Southern California.

As always, in deference to requests from the majority of those who have taken this course, the first week is devoted largely to the eye and the second week to the ear, nose and throat, so that those of us who confine our work to only one of these specialties can complete most of the subjects in only one week.

Many of those in all parts of our country and Canada possess motion pictures, specimens, plates, films and other treasures that can be shown for the benefit of all, and perhaps copies can be made of some of them to add to the library of our club. Everyone having something to show should write soon to Dr. Kenneth C. Brandenburg, 110 Pine Avenue, Long Beach, California, telling him the exact nature of the presentation and the length of time necessary, so that a definite place can be assigned on the program.

The fee for the Clinical Course is \$50, one-half being due when you apply to take the course and the remainder upon registration. This is payable to Pierre Violé, M. D., 1930 Wilshire Boulevard, Los Angeles. It will be advisable to write at once for accommodations direct to H. M. Nickerson, Manager, Elks Club, Douglas MacArthur Park, Los Angeles, who will arrange to take care of as many as possible in the club itself. . . .

The special course in "Applied Anatomy and Cadaver Surgery of the Head and Neck" will be given again, directly after the Clinical Course. Dr. Simon Jesberg, whose gifts as a teacher and clinician we already know, will conduct this course in association with Dr. S. A. Crooks, Professor of Anatomy at Loma Linda College of Medical Evangelists. Doctor Crooks will demonstrate all anatomic relations in the different fields of head and neck surgery. As before, this course promises to be one of special practical value.

The Cadaver Course will begin at the conclusion of the Clinical Course (on January 28, 1944), and will carry into the following week—thus avoiding any conflict with the didactic lectures and the regular work of the clinical course. Twenty cadavers are available. This course is restricted to forty members—two to each table. The fee is \$50. In order to register for this special course, kindly send \$25 when registering for the Clinical Course and pay the other \$25 at the opening of the course. Naturally, the members will be enrolled in the order of registration. In the future it may be possible to have a larger group, but this year only forty members can be provided for in the Cadaver Course.

The fee for the Clinical Course is \$50. The fee for the Cadaver Course is \$50. All those in active military service may enroll for the clinical course without the payment of a fee; and for the Cadaver Course for the payment of one-half of the regular fee—namely, \$25.

Examination of candidates by the American Board of Otolaryngology will follow the Cadaver Course, on Feb-

ruary 2, 3, 4 and 5. All prospective candidates should write immediately to Dean M. Lierle, M. D., Secretary of the Board, University Hospital, Iowa City, Iowa.

Years ago, when Col. Robert E. Wright came to us from India, the plans were made by a member of our club, Dr. Harry Gradle of Chicago. In Lund, Sweden, two of our members, Dr. Arthur Proetz of St. Louis and Dr. Howard House of Los Angeles, called on Dr. Gosta Dohlman and made all the arrangements for him to come to our course. No matter where he lives, each one who has enrolled is a member in good standing of the Research Study Club.

At long last, we are beginning to accumulate some money. This money belongs to you. Beginning in a modest way, we want to endow research work in various localities, publish results and send, without charge, monographs and books to each member. Please let us have your ideas.

THE COMMITTEE.

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The Thirteenth Annual Midwinter Postgraduate Clinical Course in Ophthalmology and Otolaryngology of the Research Study Club of Los Angeles will be given from January 17 to January 28, inclusive, 1944. It will be followed immediately by the Special Course in Applied Anatomy and Cadaver Surgery of the Head and Neck.

The Club, always timely in its selection of topics and speakers, has been particularly fortunate in its selection of a faculty for 1944. Dr. James Watson White, of New York, and Dr. Georgiana Dvorak Theobald, of Oak Park, Illinois, will be the principal speakers on ophthalmology. Irving B. Lueck, M. S., of Bausch & Lomb, whose excellent lectures on Analysis of Presbyopic Prescription were heard last year, has been invited to participate again.

Doctor White plans to cover the motor anomalies of the eyes in a more comprehensive manner than is usually attempted in a short course. Sixteen hours of lectures will be given. Doctor White makes ingenious use of lantern slides projected upon a surface upon which he can draw with crayons to emphasize important points. In addition, there will be demonstrations by Doctor White and others of the use of the screen test, the screen comitance test and of loose prisms and other tests upon the results of which a sound diagnosis in motor anomalies must be founded.

Doctor White's name has become almost synonymous with motor anomalies in American ophthalmology. He has made this field especially his own and has been the teacher or guiding influence of most of the ophthalmologists who are doing the best work in this field today. His interest in the subject dates from 1913, and in March of 1914 he became associated with the late Alexander Duane. The association was so mutually agreeable that it persisted until Duane's death in 1926. Although Duane published his celebrated thesis, "A New Classification of the Motor Anomalies of the Eye, Based Upon Physiological Principles, Together with Their Symptoms, Diagnosis and Treatment," in 1896, the first edition of his translation of Fuchs's "Textbook of Ophthalmology" in 1892 and his well known chapter on the "Extraocular Muscles" in Poesy and Spiller's "The Eye and the Nervous System" in 1906, his work in the field of the motor anomalies would not be so well known today had it not been for Doctor White's continued interest in and teaching of the subject. The records of the American Board of Ophthalmology show that there is room for improvement in the teaching of this subject in most sections of the country. More candidates fail in motor anomalies than in any other subject, except pathology.

Doctor White is a talented teacher of long and varied experience. He was a clinical assistant at the Herman Knapp Memorial Hospital from 1914 to 1920 when he was appointed attending ophthalmologist and chief of the Vanderbilt Clinic, and consultant in ophthalmology to the Sloane Maternity Hospital.

Some years ago he resigned these positions to become professor of ophthalmology at the New York Postgraduate Medical School and Hospital. He is Director of the Ophthalmological Service and since 1930 has taught, personally, only motor anomalies.

His course in muscles at the Postgraduate School, which is given in the fall, is well known among ophthalmologists and at his Friday morning Muscle Clinics one may meet, for example, men from Florida, Canada and the West Coast, all in one day. His course in Los Angeles will contain substantially the same material that he uses in New York. The course is intensely practical and does not leave one with the vague feeling that one gets from a good deal that is taught and written on muscle anomalies, viz., that the subject is all, or nearly all, metaphysical.

A syllabus is in course of preparation which will enable the student to follow exactly the subjects under discussion and at the same time serve as a notebook.

Dr. Georgiana Dvorak Theobald became interested in eye pathology, as did so many others, from listening to the lectures delivered by the elder Fuchs when he came to America in 1922 and 1923. The simplicity and clarity of her demonstrations will strongly remind any one, who had the privilege of hearing him, of the great Fuchs. She is well known in the East and she needs no introduction to those who attended the midwinter course last year when she delivered one lecture on the general aspects of eye pathology.

COMMITTEE ON INDUSTRIAL PRACTICE

Big C. I. O. Health Conference in Los Angeles

On Sunday, September 19, the conference, "Health Joins the C. I. O." will take place at the C. I. O. Building, 5851 Avalon Boulevard. The call to this all-day conference, asking for a minimum of four or five delegates from each local union and from all the shops in the Los Angeles area, states the purpose of this conference as follows:

"Health, or the lack of it, has long been a concern of union men and women. The war has only sharpened the need for labor participation in this field. Healthy workers mean uninterrupted production for victory. Inadequate health facilities and insufficient doctors in crowded war areas, a rising accident rate in industry and a deterioration of general community health must become key issues in a program for the unions."

"Can industrial health be improved through labor management committees on health? What kind of plans are available to provide medical care for workers and their families? What can be done about better health in the plants? What kind of health legislation do unions want?"

"These are the questions to which answers can be found only through a continuous program undertaken by labor itself. Discussion at the conference will contribute to set up such a program in an organized manner."

This, then, will be a working conference at which the delegates of the various unions will have a chance to set up a full-time health division within the C. I. O. Council, and to share in the planning of the program for such a division.

Noted Speakers

Leading national and local speakers have been secured who will discuss the various topics in the morning session, giving the delegates an opportunity to base their discussion during the afternoon panels on facts in health matters as they relate to the war effort and to a sound program for the years to come. Outstanding among the speakers will be Dr. Morris Raskin, Medical Coordinator of the Medical

Research Institute of the N. A. W., and a pioneer in union health planning. His coming here has been made possible by the International of the N. A. W., who are paying Doctor Raskin's expenses. Doctor Raskin will discuss industrial health as it affects the workers, and how unions can help safeguard the health of their fellow workers. The topic of medical and hospital care will be discussed by Dr. Asher Gordon, resident physician at the Vallejo Housing Project and a member of California Physicians' Service, a prepayment group medical plan. Dr. Henry Borsook, Professor of the California Institute of Technology, and his coworker, Miss Nancy Upp, Field Director of the Los Angeles County and City Committee for Nutrition in Industry, will discuss how we can keep our workers at the highest level of efficiency through proper feeding methods in the plants.—San Pedro *Shipyard Worker*.

How Long Should a Man Work?

Somewhere there is a happy medium in the production period. If men work too long, they fatigue; and each task takes longer and longer until it is a losing battle. This, of course, does not even consider the poorer quality of work, the increased tendency toward accident or disease, and the steady rise in inefficiency.

On the other hand, if men do not work long enough, even though they do work efficiently, they cannot turn out the maximum number of units. There is man waste there—and again a losing battle. Somewhere between the two is the happy medium—the golden period where workers produce most without harming themselves or their product.

Now where is this period, important at any time in the smooth functioning of an industry, but especially important when a country is at war? A committee, representing the War and Navy Departments, the Maritime Commission, the Public Health Service, the War Manpower Commission, the War Production Board, and the Commerce and Labor Departments, studied the problem and here are its findings:

1. There should be a weekly day of rest. The Biblical injunction of one day's rest in seven seems to hold up after five thousand years. The seven-day work week for individuals is injurious to health, production, and morale. It slows down production because of the cumulative effects of fatigue when not broken by rest and relaxation. In fact, the workers take time off themselves. Too continuous work leads to increased absenteeism. Only in emergencies, and then for a limited time, should workers or supervisors (or doctors) forego their weekly day of rest.

2. There should be at least a thirty-minute meal period in midshift. Those working with toxic substances should be given sufficient time to cleanse their hands thoroughly before eating. (Physicians please note.) Also, there should be adequate food. Coffee and doughnuts for breakfast and a "coke" for lunch are not enough for a man or woman doing work.

3. The work-day should be eight hours long, and the week, six full days. Less than this makes for inadequate production. More than this, in time, results in impairing the health and efficiency of the workers and in decreasing the flow of production. Extra hours add little to output because the quality of work deteriorates not only during the extra hours, but also during the regular working hours; absenteeism rises sharply and accidents and illness increase.

4. There should be vacations completely away from the job. These vacations should be so staggered as not to delay production, and the period should be so balanced as to produce maximum benefit to the worker without too high a cost in productive hours lost.

Those are the recommendations, Doctor. How do they apply to your own practice and habits.—Norman R. Goldsmith, M. D., *Pittsburgh Medical Bulletin*.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION

MATERNITY-PEDIATRIC PLAN OF FEDERAL CHILDREN'S BUREAU

(Additional items—Continued from pages 79-88, CALIFORNIA AND WESTERN MEDICINE, for July (Items I to XVIII); September, pages 178-182 (Items XIX to XXIII); and October, pages 226-231 (Items XXIV to XXX).)

ITEM XXXI: MATERNITY-PEDIATRIC

Important Letter from California Medical Association Council to California Medical Association Members (COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, October 22, 1943

The Members of the Component County Medical Societies
of the California Medical Association,
Addressed.

Subject: Maternity-Pediatric Program of the Federal
Children's Bureau.

Dear Doctors:

This memorandum is sent to call attention to the action taken by the Council in regard to the Maternity-Pediatric program of the Federal Children's Bureau.

Following references are to special items in CALIFORNIA AND WESTERN MEDICINE, relating to actions taken by the California Medical Association:

July issue of CALIFORNIA AND WESTERN MEDICINE:

(a) Three hundred and eleventh Council meeting of June 19, 1943. Council resolutions appear under Item 7 on pages 72-73. (Appears also on page 81 as Item VI.)

(b) On page 83 is printed the letter of July 1, 1943, sent to the component county societies by Council Chairman Gilman. (Note: The second last paragraph was written in accord with the information at hand at that time.)

September issue of CALIFORNIA AND WESTERN MEDICINE:

(c) In the minutes of the 312th Council meeting, under Item 5(a) on page 171, the previous resolution was clarified by calling attention to a statement received from the California State Board of Public Health.

* * *

At the present time, the situation in California, in regard to maternity-pediatric work is as follows:

1. The California Medical Association has expressed approval of the objective to provide adequate maternal-pediatric care to the wives and infants of enlisted men.

2. The Council of the California Medical Association has *not* given approval to the regulations of the Federal Children's Bureau whereby the payments *must* be made to the attending physician.

3. Members of the California Medical Association are free agents in this work; each physician to decide for himself under what conditions he is willing to give the indicated professional services.

Since the physician has the privilege of deciding for himself whether he will or will not participate in the plan outlined by the Federal Children's Bureau, the following additional information is given:

(a) A physician is at liberty to sign Part II of the prospective mother's application (which she obtains from a local board of health, the same being a State Board of Health form), but in so doing the physician obligates himself to give the professional services stipulated for the money consideration also outlined. Further, the physician agrees that he will not accept additional compensation for the said services from the patient or patient's family. Provided, that services rendered prior to the day the prospective mother signed the application, or for services not

stipulated in the prenatal, confinement and postpartum agreement, may be charged against the patient. (It is important that the physician read the agreement and inform himself concerning the services he will be called on to render, before he signs a prospective mother's application.)

(b) Members of the California Medical Association are also free to determine for themselves whether they will accept such patients as private patients, under agreements mutually agreeable between patient and physician; but in such cases, the physician must refrain from signing the agreement which the health boards give to prospective mothers who make request therefor.

However, if this latter course of a personal arrangement is followed, it is important to remember that the prospective mother will not be entitled to hospitalization or other benefits included in the Federal Children's Bureau program. (Note: This letter will be printed in CALIFORNIA AND WESTERN MEDICINE for November.)

If additional information is desired concerning the Federal Children's Bureau program, the physician should consult the health departments (preferably his local health department; or the California Bureau of Maternal and Child Health: 739 Phelan Building, 760 Market Street, San Francisco, 2, California; or, State Office Building, 217 West First Street, Los Angeles; or, 631 J Street, Sacramento).

Cordially yours,

KARL L. SCHAUPP, M. D., *President*

PHILIP K. GILMAN, M. D., *Council Chairman*

By GEORGE H. KRESS, M. D., *Secretary*.

ITEM XXXII: MATERNITY-PEDIATRIC

Maternity Care Funds Available

Resumption of the emergency maternity and infant care program (EMIC) is announced by Dr. Wilton L. Halverson, Director, California Department of Public Health.

Government-paid maternity care for wives of service men and medical care for their sick infants is available under the program which started in July and is now operating in thirty-five counties. Suspended on September 15, due to lack of funds, resumption is possible with telegraphic information from the United States Children's Bureau that funds are available immediately from a new congressional appropriation of \$18,600,000.

The State Health Department has asked for an immediate grant of \$461,606 to pay for the care of individuals whose applications already have been approved and to provide care through October, Doctor Halverson said.

High Medical Cost

"The United States Children's Bureau has been notified that, due to the large number of service men's wives living in California and the high cost of medical care here, it is estimated that \$4,000,000 will be required to carry the program in this state through the 1943-44 fiscal year.

"Spread of the program to other counties in the state is awaiting completion of satisfactory arrangements with local health departments, physicians, and hospitals. Payment for care is made to doctors, hospitals, and private health agencies on a cost basis by health departments which administer the program."

Any woman, irrespective of her legal residence, whose husband is an enlisted man in the fourth, fifth, sixth, or seventh grades in the Army, Navy, Marine Corps, or Coast Guard, is eligible under the program for medical and hospital maternity care without cost to the family. Care is provided throughout pregnancy and for six weeks after delivery as well as at confinement. Any infant under one year whose father is a service man in these grades is entitled to care for serious illness.—Los Angeles Citizen, October 8.

ITEM XXXIII: MATERNITY-PEDIATRIC**Resolution Adopted by the San Francisco County Medical Society**

The following resolutions were adopted at the meeting of the Board of Directors of the San Francisco County Medical Society held on October 5, 1943:

Resolved, That the San Francisco County Medical Society highly approves the plan of the Federal Children's Bureau to provide obstetric and pediatric care to the wives and children of the enlisted personnel of our armed forces. These people should have the best medical care that can be obtained, regardless of cost or their ability to pay; and be it further

Resolved, That the San Francisco County Medical Society believes that these people will not receive the best of medical care because they will not have free choice of physician and hospital, since only those physicians and hospitals who are willing to participate in this plan are available to them; and be it further

Resolved, That the San Francisco County Medical Society disapproves the undemocratic principle of any government agency establishing fees for services rendered by one individual to another.

ITEM XXXIV: MATERNITY-PEDIATRIC**Resolution Adopted by Placer-Nevada-Sierra County Medical Society**

WHEREAS, The members of the Placer-Nevada-Sierra County Medical Society approve, in principle, the Federal Children's Bureau Plan for Maternity and Infant Care for wives and children of certain groups of enlisted men; and

WHEREAS, The members of the Placer-Nevada-Sierra County Medical Society agree, because of the present emergency, to cooperate in this plan for a limited period of time; and

WHEREAS, The members of the Placer-Nevada-Sierra County Medical Society are opposed to the type of contract proposed by the Federal Children's Bureau, particularly that part of the contract which specifies that the fee for obstetric care shall be paid directly to the Doctor; and

WHEREAS, The proposed scheme of medical care and hospitalization appears to be but the opening wedge for the introduction of socialized medicine; now, therefore, be it

Resolved, By the members of the Placer-Nevada-Sierra County Medical Society, at its meeting on September 5, 1943, that the said Society express its opposition to the proposed method of payment of fees; and be it further

Resolved, That the Secretary be instructed to petition the Council of the California Medical Association and the Board of Trustees of the American Medical Association that they make every effort to see that such changes are made in the Federal Children's Bureau Plan as to make the plan conform more closely to the ideals of organized medicine.

The foregoing Resolution, upon motion duly made, seconded and carried, was adopted by the Placer-Nevada-Sierra County Medical Society at a meeting held in Auburn on September 5, 1943.

ITEM XXXV: MATERNITY-PEDIATRIC**Resolution Adopted by the Riverside County Medical Association**

At a regular meeting of the Riverside County Medical Association held on October 11, 1943, the plan of the Federal Children's Bureau Plan of Obstetrics and Pediatrics care for wives and children of enlisted men in the armed forces was discussed and a motion was made and carried, a copy of which is as follows, for your consideration.

"Moved and seconded that this Association go on record that no member of the Riverside County Medical Association sign any slip which entitles the doctor to accept any fee for the care of these cases from the Government. Carried."

It should be added here that this Association does not oppose hospitalization of these patients through Federal funds. Furthermore, our members have expressed their willingness to care for these patients according to any financial arrangement that may be agreed upon between the doctor and the patient.

In effect, the members of the Riverside County Medical Association will continue to carry on the practice of medicine in accordance with the sentiment expressed above until at such time the Council of the California Medical Association may offer a final solution, and we urge the Council to take a definite stand and we also urge other county associations to take similar action.

We wish to state that we are willing to abide by the decision of the Council of the California Medical Association.

October 19, 1942.

ITEM XXXVI: MATERNITY-PEDIATRIC**Resolution Adopted by the Los Angeles Obstetrical and Gynecological Society**

WHEREAS, Congress has enacted a grant-in-aid law designed to provide maternity-pediatric care for the wives and infants of enlisted men, an objective with which members of the medical profession are in full accord; but

WHEREAS, The Federal Children's Bureau of the Department of Labor, to which agency the administration of the law has been given, has seen fit to lay down rules and regulations which will undoubtedly make for maternity-pediatric care of poorer quality than is now rendered by physicians, thus defeating in part the primary purpose of the law; and

WHEREAS, The arbitrary establishment by the Federal Children's Bureau of below cost fee schedules for the professional services to be rendered not only makes for professional service of poor quality, and at the same time penalizes the medical profession whose members gratuitously and gladly give to the Government professional services in the examinations of selectees under the Selective Service Act which, if translated into money, would amount to millions of dollars; and

WHEREAS, In war industries a cost plus instead of a cost minus system is in full operation for citizen groups who have given no such massive contribution to the Government as have members of the medical profession; and

WHEREAS, The evils in the system that has been formulated by the Children's Bureau could be done away with in good part, if the grant-in-aid payments were made, not to the attending physician direct, but to the wives of the enlisted men, the patients to make their own financial arrangements with their attending physicians; be it

Resolved, By the Council of the Los Angeles Obstetrical and Gynecological Society, a group of more than one hundred specialists in obstetrics working in Southern California, a majority of whom have been certified by the American Board of Obstetrics and Gynecology that, on behalf of its members, full approval of the objective of adequate maternity-pediatric care for the wives and infants of enlisted men is given; and be it further

Resolved, That it is the opinion of this body that the best professional and other interests of the wives and infants of enlisted men would be served if the law of the Federal Children's Bureau plan would be changed to permit the grant-in-aid payments to be made direct to the

wives of enlisted men instead of to the attending physicians; and be it further

Resolved, By the Council of the Los Angeles Obstetrical and Gynecological Society that the Councils of the California Medical Association and the Los Angeles County Medical Association be informed that the members of the Los Angeles Obstetrical and Gynecological Society prefer to render these professional services without pay to the wives of enlisted men who are deserving rather than accept the fee schedule, contract, and other procedures of the Federal Children's Aid Bureau; and

Resolved, That the Council of the California Medical Association be requested to take promptly all necessary steps, by letter if necessary, in addition to what may appear in the OFFICIAL JOURNAL to inform all members of the California Medical Association concerning the procedures to be preferably followed in relation to this maternity-pediatric work in this State; and

Resolved, That copies of this resolution be sent to the following:

The United States Senators and Congressmen from California. The officials in the United States Department of Labor and Children's Bureau who have charge of the administration of the Act; the California State Board of Public Health members; the officers of the American Medical Association (trustees, secretary, and editor); the secretaries, and editors of the State Medical Associations; the Obstetrical Societies in the different States of the Union; the Pacific Coast Obstetrical and Gynecological Society; and the American Board of Obstetrics and Gynecology.*

WAGNER-MURRAY-DINGELL BILL

(S. 1161; H. R. 2861)

Resolution Adopted by the American Bar Association

The following resolution, presented to the American Bar Association by Loyd Wright, Los Angeles attorney, was adopted by that Association:

Resolved, That the Board of Governors be requested to immediately appoint a special committee to study, analyze and investigate Senate Bill 1161 and that the Board of Governors give publicity to the recommendations and findings of such special committee and the action of the Board of Governors taken thereon; be it further

Resolved, That the House of Delegates is opposed to any legislation, decree or mandate that subjects the practice of medicine to federal control or regimentation beyond that presently imposed under the American system of free enterprise.

Wagner-Murray-Dingell Bill—"Cradle to Grave" Measure (S. 1161; H. R. 2861)

The analysis of features of the Wagner Bill (S. 1161; H. R. 2861) which follows has been printed by the California Public Health League. It is here presented for its informative items:

(COPY)

And Now It Is a Sickness Tax!

The medical bills of 110,000,000 people will be placed on the shoulders of the taxpayers under provisions of the Wagner Bill (Senate Bill 1161) now pending in Congress.

This scheme to socialize medical, dental, hospital and nursing care was introduced in the United States Senate on June 3, 1943, by Senator Robert F. Wagner of New York—for himself and Senator James Murray of Montana. It would broaden the Social Security Act by—

1. Imposing a tax of 6 per cent on the wages of all persons earning up to \$3,000 per year. This is in addition to

* For Resolution XXXVII: Maternity-Pediatric program (Resolution of five Pacific states), see page 293.

the present 20 per cent income tax and many other deductions from the weekly or monthly pay check.

2. Imposing a similar tax of 6 per cent on the employers.

3. Imposing a tax of 7 per cent upon self-employed individuals on the market value of their services up to \$3,000 per year.

A TOTAL TAX OF \$12,000,000,000 (TWELVE BILLION DOLLARS ANNUALLY).

A Federal Bureau Will Control All Health Services!

This scheme to socialize medical, dental, hospital and nursing care would be under complete control of the Surgeon-General of the Public Health Service.

The Surgeon-General would have power and authority to—

1. Hire physicians and establish rates of pay—possibly for all physicians.

2. Establish fee schedules for services.

3. Establish qualifications for specialists.

4. Determine the number of individuals for whom any physician may provide service.

5. Determine arbitrarily what hospitals or clinics may provide service for patients.

6. Arbitrarily assign you to a physician, if you fail to select one of your own choice.

Dental and Nursing Service

Section 912 of the Bill provides: "The Surgeon-General and the Social Security Board jointly shall have the duty of studying and making recommendations as to the most effective methods of providing dental, nursing, and other needed benefits not already provided under this title."

The Surgeon-General is to find a way to provide dental and nursing care.

"A Menace to Medicine"

(Here is what the San Francisco *Call-Bulletin* says about this scheme in its editorial columns of August 10, 1943):

"Hidden among the provisions of the Wagner-Murray bill to broaden the Social Security Act, which now is pending before the Senate, is one which effectually would destroy the free practice of medicine in the United States.

"It would accomplish this by placing the entire medical profession, including its schools, hospitals, and clinics, under the direct or indirect control of the Surgeon-General of the Public Health Service, and by adding to the burden of the taxpayers the medical bills of some 110,000,000 people.

"Under the system of socialized medicine which the Act would set up, the citizen would be deprived of his privilege of seeking treatment from a physician of his choice or at a hospital or other institution of his choice, and would be required to seek service from the doctor and institution indicated by the health service.

"The goal at which the bill is directed—adequate medical service for all—is most commendable, and is one toward which the free medical profession long has been striving and hopes soon to reach.

"But the socialistic approach of the Wagner-Murray bill is vicious, and every citizen should join with the medical profession in urging that the measure be rejected."

It Is Up to You

Do you want this tax saddled onto you? Do you want your health services regimented under a Washington Bureau?

Tell your Senators and Congressman!

California in Congress

Senators should be addressed in care of the Senate Office Building, and Congressmen in care of the House Office Building, Washington, D. C.

Following is the roster from California with home addresses:

SENATORS:

Hiram W. Johnson, Mills Tower, San Francisco.
Sheridan Downey, Atherton.

CONGRESSMEN:

First District: Clarence R. Lea, 719 North Street, Santa Rosa.
Second District: Clair Engle.
Third District: J. Leroy Johnson, 1621 Argonne Drive, Stockton.
Fourth District: Thomas Rolph, 152 Twenty-eighth Avenue, San Francisco.
Fifth District: Richard J. Welch, 978 Guerrero Street, San Francisco.
Sixth District: Albert E. Carter, 552 Montclair Avenue, Oakland.
Seventh District: John H. Tolan, 1749 Pleasant Valley Avenue, Oakland.
Eighth District: John Z. Anderson, San Juan Bautista.
Ninth District: Bertrand W. Gearhart, 857 M Street, Fresno.
Tenth District: A. J. Elliott, P. O. Box 134, Tulare.
Eleventh District: George E. Outland, 539 East Micheltorena Street, Santa Barbara.
Twelfth District: H. Jerry Voorhis, R. F. D. 1, San Dimas.
Thirteenth District: Norris Poulson, 317 South Commonwealth, Los Angeles.
Fourteenth District: Thomas F. Ford, 940 North Benton Way, Los Angeles.
Fifteenth District: John M. Costello, 5771 Valley Oak Drive, Hollywood.
Sixteenth District: Will Rogers, Jr., 14253 Sunset Boulevard, Los Angeles.
Seventeenth District: Cecil R. King, 1152 West Eighty-eighth Street, Los Angeles.
Eighteenth District: Ward Johnson, 790 Santiago Avenue, Long Beach.
Nineteenth District: Chet Holifield, 500 South Montebello Boulevard, Montebello.
Twentieth District: Carl Hinshaw, 3053 Lombardy Road, Pasadena.
Twenty-first District: Harry R. Sheppard, Yucaipa.
Twenty-second District: John Phillips, 65 North Fourth Street, Banning.
Twenty-third District: Ed V. Izac, 5380 El Cajon Boulevard, San Diego.

Why Be "Copy Cats"?

The argument has been advanced that if one believes in a free public school system, one should not object to "free medicine" controlled and paid for by the State.

There is considerable difference between a public school system to give every individual a chance for mental equipment with which to earn a living and care for himself, and furnishing the individual, at State expense, the various necessities and luxuries of life.

"Cradle to the grave" security sounds appealing, but a nation which accepts that plan sells its independence and admits that its people cannot care for themselves.

The American medical system has been the wonder of this war. It was not developed or fostered by the State. It was the result of enterprise and initiative of American doctors who over a long period of years have been determined to make American medicine supreme.

American medicine probably gives more actual free service to those who need it than do the so-called socialized medical systems of foreign countries, which load the cost of their "free" service onto the individual in the form of special taxes.

Why should we in this country even consider disrupting the greatest medical system in the world to copy experiments of nations which cannot match ours in medical progress?

The Wagner-Murray bill now pending in Congress would regiment American doctors. This vicious measure should and must be defeated.—Editorial in the San Francisco *Commercial News*, October 18.

"Federal Medicine"

When Congress gets around to debating the new Social Security Bill, one item likely to encounter particularly heavy weather is the section entitled "Federal Medical Hospitalization and Related Benefits." This section provides for a federalized system of hospitalization and outside medical care which would be financed by a tax of 3 per cent on all wages and salaries up to \$3,000 a year—one-quarter of the total Social Security tax. The proceeds of this tax will, of course, vary with conditions in industry. The income available for medical care has been estimated as high as \$3,000,000,000 a year. Make it \$2,000,000,000, and the Government could still hire every doctor in the United States at \$5,000 a year, rent every bed in all non-Government hospitals, and have a goodly sum left over for subsidized research, administration, and other uses certain to occur to the gigantic bureaucracy which would have to be set up (*The Saturday Evening Post*).—San Francisco *Underwriters' Report*, October 14.

"Sheep Dip": Or Social Security Service and the Doctors

We are in receipt of a circular and booklet issued by the National Physicians' Committee for the Extension of Medical Service, apparently the first blast of the medicos and dentists against the "cradle to the grave" Social Security service.

It is to be deplored if this contest is to be regarded as one between the Government and the doctors. Those of us who furnish the blood and guts ought to have something to say, and what we say should be aplenty.

If the Government has to regiment us in some way and there is no escape, we wish it would commence somewhere else. There is such an intimate connection between us and our appendix that we would like to have the association disturbed only by our friends if segregation there must be.

When it comes to going under the ether and not being able to boss the job, our strong preference would be to have the incisions and perforations made by someone who has a personal or at least a professional interest in the case and who would feel deep chagrin should he omit to replace some of the reconditioned parts. Better yet, if our relations are such that we call him Jim and he calls us Pete. We don't crave to be checked in and checked out under a Social Security number or an auto license.

There isn't anybody we need so much as a doctor when we want a doctor, and there isn't any kind of doctor we want so much as one who will exert all the skill and science he possesses for which he expects and deserves to be paid promptly and well. A hospital is no place to hunt bargains.

Doctor Holmes said that if all the medicine were dumped into the sea it would be so much the better for men and so much the worse for the fish. If we are going to experiment, let us try that. The idea of being run through a physician's office like sheep through a trough of sheep dip does not appeal. We cannot expect much professional anxiety or interest for 75 cents. If that is all we have to spend, better to stay away from the doctor, whoever he is. We may recover anyhow.

Mixing politics with medicine or dentistry is like breaking an antique egg into an omelet; it spoils the dish. Imagine an ogre of a dentist bearing down on you and saying, "Now this is going to hurt—unless you vote for Doctor Geevum."—Riverside *Press*.

Group Medicine Progress Along American Lines Threatened by Bureaucratic Proposal

Few will disagree that the history of medicine in the United States is a consistent record of expanded service, scientific advance and social responsibility. We need only

to look around us in this community to realize how thoroughly well our medical men and our officials responsible for community health have risen to their social responsibilities. The very best in medical care and hospital services and facilities have been provided, much at public expense. The burden of unforeseen emergency costs has been lightened by hospitalization insurance plans that do not destroy individual self-respect. The same is generally true throughout the nation. There is, of course, much yet to be done, but coöperative common sense is making progress in the American way without sacrificing the important personal relation between patient and physician and without relieving the patient of his own responsibility in providing, to the extent that he is able, for his own medical needs through participation in "group medicine" insurance plans built up by individual initiative and without arbitrary Government procedure.

One of these "protection in advance" groups, and there are many others, is the Blue Cross plan. This single plan already protects some 15,000,000 Americans against emergency hospital expense. The progress being made is real and built on sound American tradition.

Now this good work, this healthy progress which flows out of the best American traditions and engages the self-help impulses and love of independence so characteristic of Americans, faces the blight of Government competition of the bureaucratic variety.

A new Social Security bill is before Congress. In this bill is a section entitled "Federal Medical Hospitalization and Related Benefits." This section would be financed by a tax of 3 per cent on all wages and salaries up to \$3,000 a year. Its proceeds would vary, naturally, with conditions in industry. The tax is one-quarter of the total Social Security tax and has been estimated to bring in as high as three billion dollars a year which, as the *Saturday Evening Post* reminds us, would give the bureaucrats of this vast scheme of state medicine as much money to spend as was considered sufficient to run the whole country some short fifteen years ago.

In view of the progress of group medicine, with its protection of professional standards, local administration and community responsibility, the whole grandiose scheme of centralized and arbitrary state medicine seems not only uncalled for, but enormously wasteful and dangerous. It is to be hoped that the medical profession, with its fine record of social service and often selfless devotion to human needs, will rally in opposition to this gigantic Santa Claus dream. The good and increasingly successful efforts of American medicine to meet the country's health needs deserve protection from the half-baked designs of political bureaucrats.—*Oakland Tribune*, October 2.

The British Medical Association and the Beveridge Scheme

The stand made by the representatives of the British Medical Association against the Government proposals has been described in a previous letter (J. A. M. A., July 10, p. 759). The discussions with the Minister of Health are concluded and the next stage is the issue by him of what is called "a white paper" surveying the position. The representatives of the Association urged on him that this paper should be confined to a statement of the problems and not commit the Government to any solution, thus facilitating frank discussion by the public and the profession. On the Minister's ruling, the discussions were confined to a consideration of a comprehensive health service available to the whole community. They ranged over a wide field, such as central and local administration, health centers, free choice of doctor, private practice, and remuneration.

The Council of the British Medical Association has reaffirmed certain basic principles laid down in the Association's "General Medical Service for the Nation," approved in 1938:

1. The system should be directed to the achievement of health and prevention of disease no less than to the relief of sickness.

2. There should be provided for everyone a family doctor of his own choice.

3. Consultants and specialists, laboratory and other auxiliary services, institutional provision when required, should be available through the agency of the family doctor.

These recommendations and the following further ones are submitted by the Council for consideration by the divisions of the Association:

The state should not assume control of doctors rendering personal service. It is not in the public interest to convert the medical profession into a salaried branch of government service.

Free choice of doctor should be preserved and the state should not invade the doctor-patient relationship. Free choice of doctor should be reinforced by a method of remuneration related to the amount of work done.

Consultants and specialists should normally be based on the hospital. For those who wish to be treated in private accommodation, whether part of a hospital or not, private consulting practice should continue as at present.

The central administrative body set-up for the medical service of the future should be responsible for all civilian health services. The minister to whom this body is responsible should be advised on medical matters, including personnel, by a medical advisory committee representative of the medical profession.

Locally, new administrative bodies, responsible to the central authority, should cover wide areas and should be representative of the community served and, in appropriate numbers of the local profession and voluntary hospitals.—From "Foreign Letters," in *The Journal of the American Medical Association*.

Health Peril Shown in Social Medicine Plan

Congressman Says Scheme Would Curb Research and Initiative

Washington, Oct. 1.—Vast numbers of American people may be sentenced to an early death if the radical planners pervading the Government shackle the medical profession in their scheme for State Socialism, Representative Joseph W. Martin, Jr., of Massachusetts, House minority leader, warned tonight.

Representative Martin issued a ringing denunciation of bureaucracy, and of the trend toward the destruction of the American form of government in an address before the Medical Society of the District of Columbia. He charged:

"For some years a small but powerful group in this country has endeavored to undermine American institutions, American ideals, and our American way of life. I do not believe it is an exaggeration to say that they are represented in every department of our Government.

The minority leader spoke at length on the dangers that State Socialism presents in the field of medicine. But he warned that what was true of medicine might be true of every other field of American life.

In the field of medicine, Martin said, physicians and researchers have materially increased the health and the life span of the average man and woman of the past. He said:

"You have been able to accomplish this because your profession has been free.

"It has been free to dare. It has been free to progress."—David Camelon, in the *San Francisco Examiner*, October 2.

RE: MIGRATORY AGRICULTURAL WORKERS:
THEIR HEALTH CARE

Amendment to Public Law 45

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, October 21, 1943.

The Officers of the Component County Medical
Societies of the California Medical
Association,
Addressed.

Dear Doctors:

This memorandum is sent to call your attention to a letter dated October 18, 1943, which was sent to the U. S. Senators and Congressmen from California, and to Senator Claude Pepper of Florida. (A copy of the letter is enclosed.)

It calls attention to the need of amending "Public Law 45, Section 3 (a) (2)" so that agricultural workers who have secured work in agricultural pursuits through agencies other than the "Government Employment" Departments, would not be deprived of indicated medical care.

* * *

You may wish to send an air mail letter or telegram to the California Senators and the Congressman from your district, asking them to support the proposed amendment to the Public Law noted above. (The list of Congressmen is given on page 85 of the July, 1943, issue of CALIFORNIA AND WESTERN MEDICINE.*)

For such coöperation as you may be able to give, accept our thanks.

Cordially yours,

KARL L. SCHAUPP, *President*.

By GEORGE H. KRESS, *Secretary*.

✓ ✓ ✓

(COPY)

CALIFORNIA MEDICAL ASSOCIATION

San Francisco, October 18, 1943.

The Honorable Hiram W. Johnson
U. S. Senator from California
Senate Office Building
Washington, D. C.

Dear Senator Johnson:

This letter is written on behalf of the agricultural workers of California who have been served by the Agricultural Workers Health and Medical Association in the past. Our attention has been directed to the present situation by the medical members of their Board of Directors.

Your attention is called to that section of Public Law 45 regarding the migratory agricultural workers and their families who would be eligible for health and medical service.

The present wording of the Act is so restrictive that it excludes from medical care all agricultural workers who do not receive their employment as a result of some activity of some of the Government agencies financed by Public Law 45. This means that our own American agricultural workers who have sufficient initiative and ingenuity to develop employment resources of their own are denied medical assistance.

In order to broaden the scope of professional services to be rendered, a proposed amendment to Public Law 45, Section 3 (a) (2) has been suggested. The proposed amendment would be as follows, the amendments being in italics:

Section 3 (a) (2) furnishing, by loans or otherwise, of health and medical and burial services, training, subsistence, allowances, protection, and shelter for such workers and their families; *provided, further, that funds available to the Administrator may be used for providing health and*

medical services to other migratory workers and their families who have entered the area without recruitment or assistance of any Government agency and have engaged in agricultural work and to whom adequate health and medical services are not otherwise available in the area where they are working.

* * *

The California Medical Association, an organization of some 7,000 licensed physicians and surgeons, through the Council, its constituted authority, requests your support of the proposed amendment.

May we express the hope that you will write us in regard thereto? Kindly address your communication to Karl L. Schaupp, M. D., President, California Medical Association, 450 Sutter Street, Room 2004, San Francisco, 8, California.

With thanks for your help in this,

Cordially yours,

THE COUNCIL OF THE CALIFORNIA MEDICAL ASSOCIATION.

Karl L. Schaupp, M. D., *President*.

Philip K. Gilman, M. D., *Chairman*.

(Signed) George H. Kress, M. D., *Secretary*.

(REPLY)

UNITED STATES SENATE
COMMITTEE ON FOREIGN RELATIONS

November 2, 1943.

Karl L. Schaupp, M. D., President
The Council of the California
Medical Association
San Francisco 8, California

Dear Doctor Schaupp:

In response to your letter of October 18, I send you herein copy of bill introduced by me covering the amendment proposed in your letter. I will do what I can to secure the early consideration of this amendment.

Sincerely yours,

[Enc.]

(Signed) HIRAM W. JOHNSON.

✓ ✓ ✓

(COPY)

UNITED STATES SENATE
COMMITTEE ON FOREIGN RELATIONS

Thursday, October 28.

Senator Johnson: The California Medical Association asks this amendment:

The story is this: They say the present wording of Public Law 45, providing medical care for migratory agricultural workers, is so restrictive that it excludes from medical care all agricultural workers who do not receive their employment as a result of some Government activity; which means that our own American agricultural workers who have sufficient initiative to develop some employment resources of their own are denied medical assistance.

✓ ✓ ✓

78th Congress
1st Session

S. 1493

A BILL

To amend section 3(a) of the joint resolution entitled "Joint resolution making an appropriation to assist in providing a supply and distribution of farm labor for the calendar year 1943," approved April 29, 1943, as amended.

By Mr. Johnson of California

OCTOBER 29 (legislative day, October 25), 1943

Read twice and referred to the Committee on Appropriations

* In this issue the roster of California Congressmen appears on page 285.

78th Congress
1st Session

S. 1493

IN THE SENATE OF THE UNITED STATES

October 29 (legislative day, October 25), 1943

Mr. Johnson of California introduced the following bill, which was read twice and referred to the Committee on Appropriations.

A BILL

To amend section 3(a) of the joint resolution, entitled "Joint resolution making an appropriation to assist in providing a supply and distribution of farm labor for the calendar year 1943," approved April 29, 1943, as amended.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That subsection (a) of section 3 of the joint resolution, entitled "Joint resolution making an appropriation to assist in providing a supply and distribution of farm labor for the calendar year 1943," approved April 29, 1943, as amended, is amended by striking out the word "and" before the figure "(5)" in the last sentence in such subsection; and by striking out the period at the end of such sentence and inserting in lieu thereof a semicolon and the following: "and (6) furnishing, by loans or otherwise, of health and medical services to migratory workers engaged in agricultural work, and to members of the families of such workers, to whom adequate health and medical services are not otherwise available in the area where they are employed, whether or not such workers have been recruited or transported pursuant to this joint resolution."

Editor's note.—It is planned to have a companion bill submitted to the House of Representatives. Comment thereon will appear in the December issue of CALIFORNIA AND WESTERN MEDICINE.

Some Replies from Congressmen: Re Agricultural Workers' Program

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 22, 1943.

Dear Doctor Schaupp:

This will acknowledge a letter from Doctor Kress dated October 18, with reference to Public Law 45.

In reply, I should like to advise that I am in sympathy with the point of view brought out in the communication referred to and believe I can assure you of my favorable consideration when the matter comes before the House of Representatives for further action.

Trusting my attitude meets with your approval, and with best wishes to yourself and members of your organization, I am

Sincerely yours,

(Signed) JOHN Z. ANDERSON.

[Member of Congress, 8th District, California.]

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 25, 1943.

My dear Doctor Schaupp:

I am very much in favor of an extension of health and medical services financed by the Federal Government, and if an amendment to Public Law 45 is the best and most

feasible way of bringing this about in relation to American agricultural workers I shall be glad to give it my support.

As you know, Public Law 45 makes an appropriation to provide a supply of farm labor only for the calendar year 1943. The question will undoubtedly come before the House again, and this would give an opportunity for offering amendments.

Sincerely yours,

(Signed) GEORGE E. OUTLAND.

[Member of Congress, 11th District, California.]

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 22, 1943.

George H. Kress, M. D., Secretary
California Medical Association

Dear Sir:

Your letter of the 18th, wherein you suggest an amendment to Public Law 45, Section 3 (a) (2), noted.

An amendment of this character should, in my opinion, be taken up with your National organization and have its Washington representative call upon the Legislative Committees of the House and Senate handling legislation of this character and route it through these two committees and then you will have a chance of amending the Act.

I will be very pleased to cooperate with your representative if he can find the time to call at my office on the subject.

Yours truly,

(Signed) HARRY R. SHEPPARD.

[Member of Congress, 19th District, California.]

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 23, 1943.

Dear Doctor Schaupp:

I am very glad to have your letter of October 18 regarding amendment to Public Law 45. I certainly feel that the migratory workers and their families are entitled to every possible health benefit, and will be glad to follow the recommendations of your organization.

Sincerely,

(Signed) BILL ROGERS.

[Member of Congress, 16th District, California.]

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 22, 1943.

Dr. George H. Kress, Secretary
The Council of the California Medical
Association

Dear Doctor Kress:

I wish to acknowledge your letter of October 18 written in behalf of the agricultural workers of California. Congressman John Phillips, former State Senator, is a member from California on the Agricultural Committee of the House, and I am turning over your letter to him, because he is in a better position to give you this information than I am.

With all good wishes, I am

Sincerely yours,

(Signed) NORRIS POULSON.

[Member of Congress, 13th District, California.]

UNITED STATES SENATE
COMMITTEE ON MILITARY AFFAIRS

October 23, 1943.

Karl L. Schaupp, M. D., President
California Medical Association

Dear Doctor Schaupp:

Thank you for your letter of October 18, and you may be assured I shall be glad to support the proposed amendment to Public Law 45, Section 3 (a) (2) which has been suggested.

I would welcome hearing further from you of any action you may wish me to take in this matter.

Sincerely,

(Signed) SHERIDAN DOWNEY.
[Member of United States Senate.]

✓ ✓ ✓

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 22, 1943.

Dr. Karl L. Schaupp, President
California Medical Profession

My dear Doctor Schaupp:

Receipt is acknowledged of Doctor Kress' letter of October 18, quoting proposed amendment to Public Law 45 covering agricultural workers.

I presume this proposed amendment has been submitted to the Chairman of the House Committee on Appropriations, from which Committee the original law was reported. I shall be very glad to give this bill my own personal consideration if and when it comes before the House for action.

Very sincerely yours,

(Signed) RICHARD J. WELCH.
[Member of Congress, 5th District, California.]

✓ ✓ ✓

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

Dear Doctor Schaupp:

This will acknowledge receipt of your letter of October 18, suggesting a revision of Public Law 45.

This appears to me to be a very reasonable proposal, and I assure you the matter will receive my careful consideration.

Sincerely yours,

(Signed) LEROY JOHNSON.
[Member of Congress, 3d District, California.]

✓ ✓ ✓

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 22, 1943.

Dear Doctor Kress:

Agricultural Workers' Health and
Medical Association

Your letter of October 18 received, and I shall be pleased to investigate the possibility of amending Public Law 45 as suggested.

As soon as I have further information I shall let you know.

In the meantime, assuring you of my desire to be of service constantly, I am

Cordially,

(Signed) THOMAS ROLPH.
[Member of Congress, 4th District, California.]

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 26, 1943.

Dear Doctor Kress:

Thank you for your letter of October 19 about the importance of adding an amendment to Public Law 45 so as to make it possible for the California Medical Association to carry on the excellent work that has been done among agricultural workers in recent years.

I certainly do not see any reason why there should be discrimination in favor of people especially brought in from Mexico over our own people who have been here for a long time.

Sincerely yours,

(Signed) JERRY VOORHIS.
[Member of Congress, 12th District, California.]

✓ ✓ ✓

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 27, 1943.

Karl L. Schaupp, M. D., President
California Medical Association

Dear Doctor Schaupp:

The letter of October 18, 1943, from your secretary in regard to a proposed amendment to Public Law 45, Section 3 (a) (2) has been received and carefully noted. The proposed amendment appears to me to have merit and I can see no reason for not giving it my support. It would appear that the classifications in the law should not be discriminatory, but should cover all persons within a general classification.

Very sincerely yours,

(Signed) CLAIR ENGLE.
[Member of Congress, 2nd District, California.]

(COPY)

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.

October 29, 1943.

Dr. George H. Kress, Secretary
The Council of the California
Medical Association

Dear Doctor Kress:

Referring to your letter of the 18th, regarding the proposed amendment to Public Law 45, Section 3 (a) (2), may I say that I think this is a very meritorious amendment and I will support the same.

With all good wishes, I am

Sincerely yours,

(Signed) JOHN H. TOLAN,
[Member of Congress, 7th District of California.]

Orthostatic Albuminuria.—Before a diagnosis of orthostatic albuminuria is made, the following criteria should be met: (1) No past history of renal disease; (2) normal blood chemistry, nonprotein nitrogen, blood urea, total protein and albumin-globulin ration; (3) normal kidney function (phthalein, urea clearance, and dilution and concentration tests); (4) no white blood cells, red blood cells or casts in the urine, except intermittently and in small numbers; (5) no elevation of blood pressure; (6) negative plain x-ray pictures and intravenous urograms; (7) absence of albumin in the urine voided when in the recumbent position.—H. H. Young et al., Baltimore, in *Military Surgeon*, April.

COMMITTEE ON ASSOCIATED SOCIETIES AND TECHNICAL GROUPS

San Francisco Hospitals Accept the Nurses' Association Plan

San Francisco's registered nurses, their forces vastly decreased because of wartime demands, have developed a plan to give the maximum of nursing service to the greatest number of hospital patients.

The plan, to go into effect in twelve of the city's thirteen hospitals on Monday, was presented to and accepted by hospital administrators yesterday.

Under the plan, prepared by the San Francisco County Nurses' Association, private duty nurses will be called to do staff replacement on a basis of alphabetical sequence, working straight eight-hour shifts as often as needed.

Hospital administrators have agreed to use the part-time services of those private duty nurses who are unable to function on a full-time basis. They also have agreed to stimulate the use of divisional nursing and, in turn, the city's nurses have agreed to sign for at least three hospitals for periods of staff replacements.

Objectives

Objectives of the staff replacement plan are to supplement the nursing service so that the staff nurse may be protected from too heavy a case load; to assure the hospital and the community of the earnest desire of private duty nurses to make their contribution to the maintenance of essential hospital service during this period of war emergency; to insure the existence of the private duty nursing system and, finally, to assure the maintenance of a form of employment for registered nurses who are unable to engage in full-time general staff nursing. . . .—*San Francisco Chronicle*, October 27.

Nursing Plan to Be Tried for Three Months*

Stanford Hospital yesterday accepted, on three months' trial, the County Nurses' Association plan under which private duty nurses will be routed through tours of duty as general nurses in all San Francisco hospitals.

Following a meeting of the governing committee of the hospital, Dr. Anthony J. J. Rourke made public a letter addressed to the private nurses at Stanford, who protested the hospital's plan to discontinue private nursing, transferring private nurses to general duty.

The letter informed the private nurses that action on the "Stanford" plan will be postponed until February 1, 1941, to give a "fair trial" to the nurses' proposal.

It was announced Tuesday that the twelve other hospitals in the city had agreed to the Nurses' Association proposal which is aimed at supplementing nursing service in all hospitals to relieve the pressure on general duty nurses.—*San Francisco Examiner*, October 28.

Nurses Needed by the Army

The number of nurses required by the Army is in direct ratio to its numerical strength, based on exhaustive studies of actual bed requirements for battle casualties in former wars, and the health reports for the Army as a whole over a period of years. One nurse to each ten beds is authorized, but this number provides for all assignments, such as administrative, supervisory, teaching and professional, where bed credits do not exist, such as hospital trains and ships, air evacuation units and general dispensaries. Our present strength is 3,000 below our quota. Nevertheless, up to this time we have been able to meet our needs for two reasons:

1. We have had an unusually low incidence of illness in our training camps in the continental United States.

2. We had comparatively few battle casualties prior to the North African invasion and since then, fewer than had been contemplated.

From this time forward, however, we must be prepared to care for ever-increasing numbers of patients, both at home and abroad and returning from overseas.

Our quota of nurses for the fiscal year ending June 30, 1944, calls for over 51,000 nurses. To attain this objective we will have to procure 23,000 during the next ten months. Of this number, 95 per cent may be nurses who have had little or no postgraduate experience, provided they are basically well trained, but the other 5 per cent must be qualified to fill administrative, supervisory, and teaching positions.

On September 1, 1940, there were 976 nurses in the Corps, 208 of whom had had less than two years of service. One hundred thirty-one of this number were assigned to overseas service. There were fifty-four stations to which nurses were assigned, and there were few hospitals having more than 250 beds and only two having more than a thousand beds.

On September 1, 1943, in comparison, there were approximately 32,000 nurses assigned to more than 1,125 hospitals, ranging in size from 25 to over 3,000 beds. The Army is fortunate in having in the service at this time approximately 450 nurses well qualified to organize the nursing service of the hospitals under construction in the United States and for additional units for overseas service. Replacements will be required for the positions made vacant by such transfers, and it is estimated that 450 will be needed for these assignments and, in addition, we will need an extra 700 for supervisory and teaching positions for these hospitals.

The Hospital Division of the Army is planning to activate over 400 more hospital units before June, 1944, and this will necessitate more nurses well qualified to fill administrative, supervisory, and teaching positions.

Red Cross Volunteer Nurse's Aides have served in seventy-six Army hospitals since January of this year, and at present are serving in thirty-two. Five hospitals are conducting classes for additional aides, who will, on completion of their training, be available for assignment in those hospitals.—*Excerpts from a report presented by Colonel Florence A. Blanchfield, Army of the United States.*

American Red Cross Needs 791,000 Persons for Home Nursing

A program to enroll 791,000 persons in Red Cross Home Nursing classes during the coming year has been endorsed by leading Government experts at the annual fall meeting of the National Council on Red Cross Home Nursing.

This quota for 1943-44 is part of an ultimate national goal of 3,000,000. This is approximately 10 per cent of the women in the country between the ages of 15 and 59, who normally care for the sick at home, exclusive of those who already have had training as graduate nurses, Volunteer Nurse's Aides, and home-nursing students.

With 2,500 nurses needed each month for service in the armed forces, it is evident that no one can have the luxury of private-duty nurses.

In an annual report, Miss Olivia Peterson, in charge of Red Cross Home Nursing for the national organization, said that 533,483 persons completed the course in home nursing from July, 1942 to July, 1943, an increase of 137,269 over last year. Of this number, 80,592 were in school classes, the remainder in community classes of which 28.2 per cent were rural, and 71.8 per cent urban.

* For editorial comment, see pages 256-257.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (84)

Butte-Glenn County (1)

Caffaratti, Darius F., *Oroville*

Los Angeles County (52)

Aiken, William P., *Wilmington*
 Ambler, A. Carleton, *Arcadia*
 Bercovitz, Nathaniel, *Pasadena*
 Bonyng, Thomas William, *Los Angeles*
 Brodersen, H. N., *Los Angeles*
 Cefalu, Victor, *Santa Monica*
 Cleland, Robert S., *Los Angeles*
 Crosby, Benjamin L., *Burbank*
 Curtin, Edward D., *San Bernardino*
 Duncan, Ray H., *South Gate*
 Edelstein, Jacob A., *Los Angeles*
 Edwards, Edward G., *Beverly Hills*
 Fairchild, Nora M., *Los Angeles*
 Falk, Rollin Merton, *Burbank*
 Feder, Bernard H., *Los Angeles*
 Finkelstein, Gertrude P., *Los Angeles*
 Fischer, Peter N., *Sherman Oaks*
 Fisher, Russell V., *Long Beach*
 Gilbert, Alfred E., *Los Angeles*
 Goldberg, Louis, *Los Angeles*
 Gregory, Dewey Quintin, *Pasadena*
 Grimm, John Elson, *Santa Monica*
 Harrington, Kathleen R., *Los Angeles*
 Hixson, A. H., *Hawthorne*
 Horn, Paula Marie, *Los Angeles*
 Janes, Dalziel O., *Long Beach*
 Jorgensen, Gilbert Martin, *Los Angeles*
 Joseph, Louis D., *Los Angeles*
 Kahlstrom, Sylvia Shafer, *Long Beach*
 Knox, John F., *Glendale*
 Kugel, Arthur Irwin, *Los Angeles*
 Lawrence, Lucy Katherine, *Montebello*
 Manchester, Raymond D., *Camp White, Oregon*
 Melinkoff, Eugene Borice, *Los Angeles*
 Monaco, Louis, *Los Angeles*
 Moss, Myer N., *Los Angeles*
 Nethery, Winston G., *Los Angeles*
 Phillips, Edward, *Los Angeles*
 Prince, Charles Calvin, *Long Beach*
 Prince, Dorothy Dunscomb, *Long Beach*
 Robertson, Murl John, *Santa Monica*
 Robinson, Emery Irvin, *Los Angeles*
 Ryan, Clarence J., *San Pedro*
 Sharpe, John Charles, *Los Angeles*
 Sirmay, Elizabeth A., *Los Angeles*
 Skinner, W. Clifford, *Van Nuys*
 Szekely, Joseph L., *Los Angeles*
 Tuta, Joseph A., *Long Beach*
 Valensi, Albert, *Los Angeles*
 Ward, Alsie Gray, *Huntington Park*
 Wilkinson, Mary N., *Huntington Park*
 Ziskoven, Hedwig Maria, *Los Angeles*

San Bernardino County (1)

Specht, Norman W., *Loma Linda*

San Diego County (3)

Macnamara, George A., *National City*
 McBride, J. P., *San Diego*
 Obrock, F. A., *San Diego*

San Francisco County (17)

Bonfilio, Marie DeCola, *San Francisco*
 Dolman, Percival, *San Francisco*
 Fesca, Helmut William, *San Francisco*
 Gardner, Alfred E., *Ignacio*
 Golman, Mervin Jack, *Fort Baker*
 Greenberg, Jacob, *San Francisco*
 Horn, Carl E., *San Francisco*
 Hyde, Clarence E., *San Francisco*
 Iseminger, Sidney Wells, *Sacramento*
 King, Gordon Grant, *San Francisco*
 Koch, Pearl Elizabeth, *San Francisco*
 Marsh, Earle M., *San Francisco*
 Moon, Henry D., *San Francisco*
 Schmutz, Melvin A., *San Francisco*
 Shenson, Ben, *San Francisco*
 Silvani, Henry, *San Francisco*
 Taylor, Charles E., *San Francisco*

Santa Barbara County (4)

Benning, Henry M., *Santa Barbara*
 Carswell, John A., *Santa Barbara*
 Jackson, Gustave B., *Santa Barbara*
 Mulholland, Stanley C., *Santa Barbara*

Santa Clara County (1)

Giannini, Albert P., *Salinas*

Sonoma County (4)

Barnet, Garfield Stephen, *Santa Rosa*
 Johnson, Paul A., *Santa Rosa*
 Libby, John Elden, *Santa Rosa*
 Miller, Arthur Campbell, *Santa Rosa*

Tulare County (1)

Malcolm, James C., *Visalia*

Transfers (2)

Elsbach, Kurt Joe, from San Francisco County to Los Angeles County.
 Mollath, August, from San Diego County to Santa Barbara County.

Retired Members (2)

Chipman, Ernest D., *San Francisco*
 Rothwell, William T., *Los Angeles*

In Memoriam

Baxter, Clarence Pennell. (Lieut. Col., U. S. A.) Died in Panama, April 27, 1943, while on active duty, age 52. Graduate of Tufts College Medical School, Boston, 1914. Licensed in California in 1923. Doctor Baxter was a member of the San Diego County Medical Association, the California Medical Association, and the American Medical Association.

✦

Chase, Albert Emery. Died at Santa Ana, September 15, 1943, age 63. Graduate of the Keokuk Medical College, College of Physicians and Surgeons, Iowa, 1907. Licensed in California in 1923. Doctor Chase was a member of the Orange County Medical Association, the California Medical Association, and the American Medical Association.

✦

French, John Rollin. Died at Los Angeles, September 28, 1943, age 63. Graduate of the University of Southern California School of Medicine, Los Angeles, 1906. Licensed in California in 1908. Doctor French was a retired

† For roster of officers of component county medical societies, see page 4 in front advertising section.

member of the Los Angeles County Medical Association and the California Medical Association.

✦

Green, Leonard Harry. Died at Los Angeles, September 26, 1943, age 46. Graduate of the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore, 1922. Licensed in California in 1923. Doctor Green was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✦

Hamlin, Oliver Deveta. Died at Oakland, October 11, 1943, age 73. Graduate of the Cooper Medical College, San Francisco, 1894. Licensed in California in 1895. Doctor Hamlin was a member of the Alameda County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✦

Miller, Joseph Edward. Died at Los Angeles, September 13, 1943, age 54. Graduate of the Wisconsin College of Physicians and Surgeons, Milwaukee, 1912. Licensed in California in 1923. Doctor Miller was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✦

O'Flaherty, Aloysius E. Died at Santa Monica, October 7, 1943, age 72. Graduate of the Kansas City Medical College, Missouri, 1898. Licensed in California in 1922. Doctor O'Flaherty was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✦

Pursell, Francis John. Died at Los Angeles, September 16, 1943, age 74. Graduate of the Long Island College of Medicine, Brooklyn, New York, 1899. Licensed in California in 1901. Doctor Pursell was a retired member of the Los Angeles County Medical Association, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✦

Quinn, William. Died at San Francisco, May 25, 1943, age 69. Graduate of the Cooper Medical College, San Francisco, 1905. Licensed in California in 1905. Doctor Quinn was a retired member of the San Francisco County Medical Society, the California Medical Association, and an Affiliate Fellow of the American Medical Association.

✦

Rakitin, Sergius S. Died at San Francisco, September 4, 1943, age 66. Graduate of the Military Medical Academy, Leningrad, R. S. F. S. R., 1909. Licensed in California in 1925. Doctor Rakitin was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

✦

Stafford, David Emmet. Died at San Francisco, September 25, 1943, age 65. Graduate of the University of California Medical School, Berkeley and San Francisco, 1903. Licensed in California in 1903. Doctor Stafford was a member of the San Francisco County Medical Society, the California Medical Association, and the American Medical Association.

✦

Thompson, Clarence Victor. Died at San Mateo, September 13, 1943, age 62. Graduate of the Cooper Medical College, San Francisco, 1903. Licensed in California in 1904. Doctor Thompson was a member of the San Mateo County Medical Society, the California Medical Association, and the American Medical Association.

Young, John Henry. Died at Lemon Grove, October 14, 1943, age 70. Graduate of the Ohio Medical University, Columbus, 1900. Licensed in California in 1900. Doctor Young was a member of the San Diego County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

CALIFORNIA PHYSICIANS' SERVICE[†]

Beneficiary Membership

| | |
|--|--------|
| Commercial (September, 1943)..... | 50,100 |
| Rural Health Program | 5,000 |
| War Housing Projects (approximate) | 28,822 |
| Marin | 6,000 |
| Los Angeles | 6,500 |
| San Diego | |
| Vallejo | 14,622 |
| San Francisco | 1,700 |
| Total | 83,922 |

Enrollment of families in the modified plan for War Housing Projects was begun on October 1. Sufficient interest is being shown by the tenants in practically all areas to suggest that an adequate enrollment will be secured to continue with prepaid medicine in these projects.

The commercial program is beginning to show continuous progress in increasing the numbers of new beneficiary members. Most of the recent additions have been made on the surgical contract.

The rural health program has now small units covering some nineteen counties, and is a starting nucleus for further development in these programs which are covering the great majority of the agricultural areas in the State.

✦ ✦ ✦

Re: Commercial Program

Professional Members of
California Physicians' Service,
Addressed.

A recent survey of the California Physicians' Service professional members in Southern California shows that well over 80 per cent are convinced that California Physicians' Service holds the answer to prepaid medical care and are willing to support the program. A similar survey is being taken on a county basis in Northern California and, to date, returns indicate the same spirit of coöperation that exists in the South.

We realize that the shortage of physicians in California places a considerable amount of additional work on the doctors in private practice. Because of this fact, California Physicians' Service is offering only surgical coverage to new groups.

Financial operations for the commercial program during the month of July were as follows:

| | |
|---|-------------|
| Membership dues | \$60,400.15 |
| Professional member registration fees | 60.00 |
| | 60,460.15 |
| Administrative costs | 15,710.34 |
| | 44,749.81 |

[†] Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 5, bottom left-hand column.

| | |
|---|-------------|
| Hospital and laboratory | 4,927.62 |
| Available for medical service | 39,822.19 |
| 22,753.5 units of service at \$1.75..... | 39,818.63 |
| Transferred to Unit Stabilization Fund..... | 3.56 |
| Previous balance of Fund..... | 39,295.44 |
| Present balance of Unit Stabilization Fund..... | \$39,299.00 |

A. E. LARSEN, M. D.,
Executive Medical Director.

September 23, 1943.

ITEM XXXVII

Resolutions* Adopted at Conference of Representatives of Constituent State Medical Associations of Five Pacific States: Washington, Oregon, California, Idaho, and Arizona

*Conference in Session in San Francisco, California, on
Tuesday and Wednesday, November 2 and 3, 1943*

The enactment by Congress of legislation providing funds to pay the cost of securing adequate maternity and pediatric attentions for the wives and children of enlisted men of the lowest four grades is an extension, as a war-time measure, of social security principles with which we, as practicing physicians, are in entire accord. It is our earnest desire to aid in every way possible the application of these services with fairness to the hospitals and to physicians who furnish the actual care, to the Congress of the people of the United States which provides the necessary funds, and especially to the wives and children who need and are entitled to receive these benefits.

We, therefore, representing the State Societies of Arizona, California, Idaho, Oregon, and Washington, in session in San Francisco, California, on Tuesday and Wednesday, November 2 and 3, 1943, propose the following resolutions as the expression of our deliberations.

Resolved, That this preliminary meeting serve as the basis for the formation of a permanent committee which shall be made up of the representatives of the Maternal and Child Welfare Committees of the respective states, chairmen preferred. This committee shall have one regular annual meeting, to be called approximately six weeks prior to the meeting of the House of Delegates of the American Medical Association, and to be called for special session at the request of representatives of any two states, for the purpose of discussion and solution of the various obstetrical and pediatric problems which may arise under this Act of Congress; and be it further

Resolved, That the Maternal and Child Welfare Committees in the various states be given authority to act in this matter by the governing boards of their respective State Medical Associations.

We, the representatives of the State Medical Societies of Arizona, California, Idaho, Oregon, and Washington, therefore propose to our respective societies the following resolutions:

WHEREAS, It is the intent of Congress that adequate maternity and pediatric services be made available to the wives and children of enlisted men of the four lowest grades; and

WHEREAS, The regulations now placed upon those directly concerned by this legislation put additional burdens upon coöperating hospitals and physicians, without any benefits to the patients; and

WHEREAS, The consummation of the intent of Congress is dependent upon the services of the rank and file of licensed practitioners and hospitals, who were not consulted in the planning of this program; and

WHEREAS, Under the present plan the usual and personal relationship between patient and physician is largely destroyed by the interposition of an agency with regulatory powers; and

WHEREAS, Physicians generally are willing and anxious that these women and children receive the best possible care; and

WHEREAS, There already exists in the Bureau of Allotments ample facilities for the disbursement to dependents of such funds as Congress may allocate therefore, we respectfully suggest that the proposed program can be more easily and economically administered directly through the Bureau of Allotments; and, therefore, we hereby suggest that the Bureau of Allotments shall, upon receipt of an affidavit signed by any individual licensed to sign birth and death certificates in the state in which he resides certifying that an enlisted man's wife is within two months of her estimated date of confinement, forward to the wife such monies as Congress may decide necessary to cover medical, hospital and nursing attentions during pregnancy and delivery; and be it further suggested that a similar method of furnishing an affidavit be adopted in disbursing funds to meet the costs of attention to the children of enlisted men of the grades specified; and be it

Resolved, That each state take definite action in conjunction with all other states in accord with these resolutions, to acquaint the congressional representatives of these states with the full intent of these resolutions; and be it further

Resolved, That copies of these resolutions be sent:

1. To the officers of the State Societies of the eleven (11) Western States; and

2. To the officers of the State Societies of such other states as may appear interested.

GORDON THOMPSON, M. D., Washington.
O. E. UTZINGER, M. D., Arizona
H. E. DEDMAN, M. D., Idaho
LESLIE KENT, M. D., Oregon
W. B. THOMPSON, M. D., California

Attest:

H. H. SKINNER, M. D., Washington,
Conference Chairman.

GEORGE H. KRESS,
Conference Secretary.

MEDICAL EPONYM

Felty's Syndrome

Augustus Roi Felty (b. 1895), when a junior member of the staff of the Johns Hopkins Hospital, was the author of a paper, "Chronic Arthritis in the Adult Associated with Splenomegaly and Leucopenia," in the *Bulletin of the Johns Hopkins Hospital* (35:16-20, 1924):

The syndrome occurred in individuals of middle age (45 to 65), the average being 50 years. All the patients gave a history of marked loss of weight since the onset of symptoms. . . . The arthritic process is distinctly chronic.

. . . The objective findings, both by physical examination and roentgenographic study, are neither widespread nor indicative of a very damaging or destructive process. . . .

In every case the spleen was palpably enlarged . . . firm but not tender. . . . In every instance there was noted a yellowish-brown pigmentation of the skin. . . .

In all cases save one, there was a slight secondary anemia. . . . Most striking was the leukopenia, which was a distinctive feature in every case. The leukocyte counts varied from 1,000 to 4,200. . . .

The etiology is entirely obscure, though the various findings seem best accounted for as manifestations of a single disease process.—R. W. B., in *New England Journal of Medicine*.

* Note.—These resolutions were not received in time for placement with other items. See pages 282-284. Also, page 254.